Risk Behaviors for HIV/AIDS among Call Center Employees in the Philippines

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Glossary

AIDS	Acquired Immune Deficiency Syndrome
BLE	Bureau of Labor and Employment
BLES	Bureau of Labor and Employment Statistics
BPO	Business Process Outsourcing
DOH	Department of Health
DOLE	Department of Labor and Employment
ECOP	Employers Confederation of the Philippines
FPOP	Family Planning Organization of the Philippines, Inc.
HAIN	Health Action Information Network
HIV	Human Immunodeficiency Virus
HSS	HIV Serologic Surveillance
IDU	Injecting Drug Use
IHBSS	Integrated HIV Behavioral Serologic Surveillance
ILO	International Labour Organization
LGBT	Lesbian, Gay, Bisexual, and Transgender
MSM	Men having Sex with Men
NASPCP	National AIDS and TSI Prevention and Control Program
NDHS	National Demographic and Health Survey
NEC	National Epidemiology Center
NGO	Non-Government Organization
NSO	National Statistics Office

PHANSUP	Philippine NGO Support Program, Inc.
PNAC	Philippine National AIDS Council
PRIMEX	Pacific Rim Innovation and Management Exponents, Inc.
SPSS	Statistical Package for Social Sciences
STI	Sexually-Transmitted Infections
TB	Tuberculosis
WHO	World Health Organization
YAFS	Young Adult Fertility and Sexuality

Executive Summary

This research project was planned and designed by a team of social and clinical psychologists from the faculty of the Psychology Department, Ateneo de Manila University; and who were assisted by the Scale-up Coalition of NGOs and private organizations involved in AIDS prevention and care. The study is akin to a rapid assessment approach but using a quantitative rather than a qualitative method. As such, while the data reported in this study give valuable information about risky behaviors among call center employees and an insight into their vulnerability to HIV/AIDS, the research team would like to stress the limitations of the study in terms of its generalizability to the larger youth population.

The current study is a cross-sectional study of young call center employees in Metro Manila where the majority of Business Process Outsourcing companies are located. The study surveyed a total of 650 people, (men: n=334 and women: n=316) with ages ranging from 15 to 29 years. Seventy per cent of the total respondents have completed their college degree. The majority are single or unmarried.

In this study, results show that high risk behaviors among young call center workers do exist in high frequency. There is no baseline data to gauge these results against but the latest Young Adult Fertility and Sexuality data which covers youth in the general population is used as a reference data. Unprotected sex with multiple partners, reporting of STI symptoms, use of alcohol during sex, the

availability of internet and other techno-communication modes for socialization, low participation in HIV prevention programs are among the key findings which may serve as the high points for discussion among stakeholders. It must be remembered that the work and personal life context with which these high risk behaviors occur could be unique to call center workers. These workers are young, possessing dispensable income but physiologically and psychologically stressed. They are socially active and their nature of work is highly interactive. The interplay of these personal, social, organizational and environmental variables may not be directly observed but the combination of these factors may have repercussions.

The following are the highlights of the results of the study:

1. *Personal and Professional Demographics.* Of the 650 respondents, the majority were either inbound agents or outbound agents. Many still live with their parents. More than half of the respondents earn a monthly income of P15,000 ($300) to P20,000 ($400) while a few earn more than P20,000 a month. This, if converted to a daily earning for 30 days, ranges from P500 to P667 compared to the minimum wage in NCR of P382 (DOLE, 2009) or the Gross National Income per capita of $1,620 or $135 a month (Worldbank, 2008). Only very few had experienced working overseas. There are pronounced gender differences in terms of involvement in a relationship with more

women being in a relationship than men. Others are dating or in an open relationship. Quite a number have more than one partner, or are currently separated and living with their child.

2. *Gender Identity and Sexual Attraction.* A matrix of sexual attraction between men and women or between same sex males and females is found in this sample of respondents. Among male respondents, half were attracted to the opposite sex, a third to the same sex and less than a fourth to both sexes. Less than half of the male respondents reported that they were having sex with men. Among female respondents, 8 out of 10 were sexually attracted to the opposite sex.

3. *Dating Behaviors.* Dating activities reported by respondents were oriented towards popular entertainment and accessible places. The top five dating activities reported by both male and female respondents were dining out, watching movies, shopping, hanging around and drinking. After eating out, drinking ranked second among males while window shopping ranked second among females. The Lesbian, Gay, Bisexual and Transgender respondents reported similar activities such as dining out, shopping or window shopping, watching TV or videos, or just hanging around.

4. *Internet Activities.* The frequency and the nature of internet activities of respondents were identified not only in relation to

socialization and dating but also to acquiring information related to HIV and STIs. Social networking, emailing and chatting were the top three internet activities among all respondents. There were interesting gender differences in the use of the internet. Men, aside from the top three activities mentioned above, used it for consuming pornographic films/pictures and for online games while women used it for research purposes. More LGBTs watched porn through internet compared to non-LGTB respondents. The cellphone remains the top mode for communicating with someone to meet up. Close to text messaging is the use of chat rooms and social networking sites. The LGBTs among all respondents used text messaging and chatting the most and particularly for sexual encounters. The use of new media formats to meet dates such as the use of dating sites or messages on TV is more characteristic of male non-heterosexual.

5. *Drugs, Alcohol and Sex.* Initiation to drugs and alcohol consumption is an area of concern because it facilitates the possibility of high risk, indiscriminate and unprotected sex. In this study, mixing alcohol and sex is predominant. At most half of the males and a third of the females were under the influence of alcohol while having sex. Approximately three quarters of the respondents have tried alcohol since their early teen years. Generally, both men and women drank once or twice a week with more young men than women (15-19 years

old) reporting this habit. There are more males than females who engage in sex while under the influence of alcohol. Younger males ages 15-19 appear to be a higher risk group since all were under the influence of alcohol while having sex. In contrast, very few are mixing drugs with sex. Less than a third of the respondents have ever tried drugs. The drug of choice is marijuana followed by valium. Only three from among the respondents injected drugs.

6. *Information about Sex, STI and HIV/AIDS.* This finding will be a useful guide to all stakeholders and health officials on how to reach this sector with messages on sex and sexual infections. Overall, the major source of information about sex among all respondents is the internet with men relying more on cyber information than women. The other top sources of information for both topics are magazines, tv, books and textbooks (for STI information only). Information about AIDS was learned primarily through the internet books. Flyers and comics were the least popular sources of information about STIs.

7. *Talking about Sex and Sexual Infections.* Peer counseling appears to be an effective avenue for sharing and expressing concerns of youth about sex. Young workers at call centers do talk about sex with their peers, especially with same sex friends. They also identified romantic partners and co-workers as immediate confidants. However, when it comes to the

disease itself, an authority figure is also preferred. A medical person or a health professional (aside from a same sex friend) emerged as the person to be trusted with this intimate matter.

8. *Sexual Behaviors.* Sexual behavior is a major area of study of this research. More and more young people in this sector are engaging in pre-marital sex. Among 15-24 years old, 9 of 10 males have had sex while 7 of 10 females have had sex. Among the experienced males, one fourth or 83 male respondents paid for sex while a tenth were paid for sex. In the past three months, around 25% of men and nearly 21% of women average once or twice a week of sex. More males have had more than one male sexual partner in the past year compared to females. Majority of the females are sexually monogamous with almost 60% reporting one sexual partner for the past 12 months.

9. *Condom use.* Unprotected sex remains prevalent. During their last sex, the majority of both males (73%) and females (80%) did not use condoms. Two out of 10 males never used a condom during vaginal sex and a moderate percentage (35%) would use condom during insertive anal sex. Among MSMs, only 34% used condom always during anal sex but half of them did not use it consistently. Among the younger MSMs (15-19 years), all of them did not use condoms. In general MSMs were more conscious about using condoms than non-MSMs.

10. *AIDS/STI awareness.* The awareness of both infections is relatively high and comparable to the NDHS data. For both sexes, more than 80% have heard of HIV/AIDS while around 70% have heard of STIs. Unfortunately, males aged 15-19 years showed very low level of awareness of STIs and moderate level of awareness of HIV/AIDS. There are still prevailing myths reported by respondents regarding how the virus could be caught. Kissing, mosquito bites, public bowls, and being in the same room with someone positive were still mentioned as possible ways of getting infected. In spite of these, only very few believed that they were at risk. Generally, the MSMs were more preoccupied and more worried in getting infected.

11. *Workplace AIDS program.* Very few of the respondents reported that their company is offering an HIV prevention program. Participation among heterosexual respondents to HIV prevention programs is almost non-existent. The MSM group reported higher exposure to HIV prevention interventions and HIV testing. However, it is unknown whether their exposures to these interventions were workplace-related.

Introduction

The epidemiological picture of the current HIV/AIDS situation shows a low level prevalence in the Philippines with less than .1% prevalence. However, the high risk behaviors and attitudes namely the high prevalence of STI, low condom use, young sexually active population and misconceptions on HIV transmission indicate that the HIV/AIDS epidemic may be hidden and growing (PNAC, 2005).

In spite of this low prevalence, the sharp increases in cases of HIV infections based on the HIV/AIDS Registry from 2004 (200 new cases) to 2008 (528 new cases) is sending alarming signals. Compared to the monthly average in the last five (5) years (2003-2007) which was 20 per month, the 2007 AIDS Registry showed an average of 29 new HIV cases per month. For 2008 and 2009, the monthly cases with an average of 50 (covering January 2008 to May 2009) have exceeded all the numbers reported in the previous two years (NEC, 2009). According to Dr. Eric Tayag (2008), head of the DOH-NEC, the major contributing factor for this steep increase is the MSM who account for 69% of the overall rise in HIV infection. Over the years the spread of HIV in the Philippines is predominantly attributed to sexual practices (89%) where transmission via heterosexual contact is the major mode (61%). Currently, however, there is an increasing transmission through sex between men (approximately 60% in 2007 and 70% in 2008). There has been a dramatic increase in the incidence of HIV

infection among MSMs with 215 cases recorded in the first three months of 2009 compared to 81 cases recorded in the previous two years combined, e.g. from 2006 to 2008 (Torres, 2009). In contrast, cases of HIV/AIDS among heterosexuals dropped from 193 in 2006 to 160 cases in 2008.

Young People in the Philippines

The adolescent population aged 15-24 years accounts for 19.7 percent of the total population to NSO Census of 2000. There are now over 15.1 million young men and women in the country.

The 2000 Census also showed a nearly equal distribution of the youth population according to gender, i.e. 7,540,348 males and 7,546,353 females. However, the adolescents in 16 regions are not equally distributed. Due to urbanization and the effects of mobility, many young people are concentrated in the cities for their studies and careers. Geographically, more than half of the youth population is found in Luzon, a fifth in the Visayas, and almost a fourth in Mindanao (Berja & Ogena, 2004).

In terms of education, a higher proportion of youth that attained college education is among females (31.3 percent) compared to males (24.4 percent). Also, females have better school status than males. More females are in school than males (71.7% vs. 63.8% at ages 15-19). However, among adolescents from age 20 to 24, there are more males who attain higher levels of education since females leave school earlier than males. Overall, the young people today have better access to education than previous generations because the Philippine

government continues to enhance education (Berja & Ogena, 2004).

The proportion of those who are formally married among young people ages 15-24 years old has dropped from 12 percent in 1994 to 9.6 per cent in 2002. The declining rate of young people getting married was attributed to a modern lifestyle adopting alternatives to marriage such as cohabitation or living-in without marriage.

In the future, it will be particularly important to monitor the behaviour and respond to the HIV-related needs of adolescents and young adults as the Philippines HIV and AIDS Registry findings show that among young people between 15-24 years old, the number of newly reported HIV infections almost tripled from 41 in 2007 to 110 in 2008. Fifty-two new cases were registered in the first quarter of 2009 alone, accounting for 30% of all new cases. Cumulative data from 1984 to 2009 indicate that in the past, only 15% of the total number of cases was among young people between 15 to 24 years of age.

Early sexual debut, multiple sexual relationships, riskier sexual behavior were among the emerging risky trends among the young generation as found in national surveys of young people (Palabrica-Costello, 2004; Raymundo, 2004). The Young Adolescent and Fertility Survey (YAFS) in 2002 reported that 30% of male respondents and 15% of female respondents were engaging in pre-marital sex. However, it should be noted that engaging in pre-marital sex is not an outright risky factor for HIV infection. A separate study of sexually active young men based on a National Census Survey of over 13,000 households (Manalastas, 2006) found that 15% of all respondents had sex with another man. Those who had male-male sex tended to be

younger, with 40% being in the 15-24 years age range.

HIV/AIDS in the Workplace: The Global Impact

At the end of 2000, over 36 million people are living with HIV/AIDS all over the world. In Asia, there are over 6 million who have been infected by this dreaded disease. The age group worst affected is in the age range of 15-49 year-olds. According to an ILO report, there are over 20 million workers globally who are living with HIV/AIDS (ILO, 2001). *(ILO, 2006 HIV/ AIDS and work: global estimates, impact on children and youth, and response 2006 "Total estimated number of persons aged 15 to 64 years in the labor force who were HIV-positive in 2005= 24, 561, 000")* The same report predicted that the size of labor force in high prevalence countries will be between 10 and 30 per cent smaller by 2020 than it would have been without AIDS. In the Philippines, approximately 380,000 to 450,000 college graduates enter the labor force each year. Young Adult Fertility and Sexuality III (YAFS3) reported that 60 percent of youth aged 15-24 are in the labor force. There are more males than females who are currently working. Due to lack of job opportunities in the country, the number of youth working overseas is also increasing (Berja & Ogena, 2004). Since 1984, there were 1,285 HIV positive overseas contract workers comprising 31% of all reported local cases, and 20% of cases in August 2009. Seventy-five percent (957) were males while 24% were in the 30-34 year age group. Factors associated with the risk for HIV infection among overseas Filipino workers were low condom use, lack of access

Comment: You may want to be cautious when using data from this report as it is already 8 years old.

Comment: …but we have no data showing that this prediction was correct.

to health care system, adjustment problems and difficult working conditions (HAIN, 2005). The ages 18 until about middle age are the most productive periods in the life of any working individual. This implies that the security of maintaining a productive industry, although in a limited scale, is threatened by morbidity and mortality rates that are slowly creeping in this age group.

Women are also adversely affected by this epidemic because of the possibilities of being infected by their positive spouses. Their situation is especially aggravated if they have poor access to health education and social services. If their spouse or partner is infected, they carry the burden of taking care of the former. They will also have to assume the role of the husband as the family's breadwinner in the event that the man loses his job because of stigma or because of declining physical health. A more serious consequence would be children might be forced to work to meet the basic needs of the family. Indeed, the deleterious impact of HIV/AIDS is largely on the family and community with repercussions on the economy as a whole.

A country profile of HIV and AIDS in the Philippines written by HAIN (2005) provided a developmental context which asserts that a lack of development in a country increases susceptibility and vulnerability to HIV and AIDS; conversely an unmonitored spread of HIV and AIDS can put stress on the nation's meager resources, including health budgets and health infrastructures, and affect its anti-poverty strategy. For instance, the health budget allotted for HIV prevention is very small which denies the general population and risky groups the benefit of being thoroughly and consistently

informed about how to protect themselves from HIV. The exodus of health professionals particularly doctors and nurses have reduced the capacity and efficiency of the care and support system for people with HIV and AIDS. Hospitals in the urban and rural centers are losing their trained medical staff who would have mentored the younger staff. At the more personal or micro level, people living with HIV and who come from poor families are less likely to have an access to well run health facilities, basic social services and medication. The 2003 National Demographic and Health Survey Report asserted that poor economic status and poor education are highly linked to poor health care and reproductive health problems. This context provides a useful paradigm in constantly reminding ourselves that we should not be complacent with the low prevalence category of our country. The current epidemic is only the beginning of something that has happened in other countries years ago, such as the onset of infection in Africa in the 70s (Monzon, 2008).

Philippine BPO/Call Centers and Young People

At no other time has the business sector employed so many young Filipino men and women as in the recent years. Since 2001, the business process outsourcing (BPO) industry has been one of the fastest growing business sectors in the Philippines. According to Business World and Beyond (Kakodkar, 2009), Malaysia, China, India and the Philippines together contribute 54% or US$ 13.7 Billion of

total revenue of the Asia Pacific Contact Center Outsourcing Market in 2008. As one of the top five BPO global locations, the Philippines attracts many BPO firms since it is the third largest English speaking nation in the world. By 2010, 303,000 new jobs are expected to be created and revenues are projected to reach US$12.2 billion.

In spite of the reported marginal increase of 0.3 percent in unemployment rate, from 7.4% to 7.7% (BLES, 2009), job opportunities in the BPO industry are still open and accepting of applicants who meet the criteria for the job. The fast upsurge of work force in the call or contact center from 6O% to 80% increase in 2005 (DOLE & BLES, 2005) is phenomenal. This is expected to increase from 2006 to 2010 along with Back Office Processing and Medical Transcription (DOLE & BLE, 2006) in spite of the difficult economic conditions worldwide. The Philippine BPO industry is dominated by call or contact centers which constitute approximately 70% of its total transactions which has been steadily growing in spite the predicted hard ride for the remaining years of the decade. It is predicted that in the context of the current financial crisis, continued pressure to curb costs may happen which may result in more processes being outsourced. Hence, economic growth will be seen in the middle to long term, even though IT budgets were slashed. Another positive factor is the consistent preference of American corporations for Philippine based sectors. The Philippines next to India, will attract most new business as offshoring to our country because of its facility to English language and labor cost is comparatively cheaper.

HIV/AIDS Prevention Initiative at the Workplace

The Republic Act 8504 (The Philippine AIDS Prevention and Control Act of 1998) mandates that the establishment of an HIV/AIDS policy and program is compulsory for every company. It was stipulated in Article 1 that the Secretary of the Department of Labor and Employment (DOLE) in collaboration with the Department of Health shall oversee the anti-HIV/AIDS campaign in all private companies. In this regard, employers are expected to develop, implement, evaluate and fund a workplace AIDS education and information program for all their workers.

A few companies have embarked on a program that consciously dealt with the impact of HIV/AIDS in the workplace. These are Levi Strauss Philippines, Central Azucarera Don Pedro, Yazaki-Torres and Mabuhay Vinyl Corporation (ILO, 2008). According to ECOP, about one-third of the 64 service and manufacturing industry employers have already carried out some HIV/AIDS education in their respective offices.

In 2008, the ILO and the Employers Confederation of the Philippines collaborated in developing and in producing a handbook entitled Managing HIV/AIDS in the Workplace: Employers Handbook for Action. The content of the handbook was organized along seven modules the first of which provided the legal framework

for doing an HIV/AIDS program, then continuing on to prevention and care, capping with de-stigmatization of this disease and finally looking at monitoring and evaluation systems for programs implemented at the workplace. This manual will be very helpful to companies who need a resource material and practical framework for launching an effective and well-sustained AIDS prevention program.

Significance of the Study

There is a paucity of baseline data on risk behaviors for HIV and STIs among young workers in both formal and informal sectors of the labor industry. A survey was done with call center employees in Manila which investigated the psychological factors associated with stress and well-being in call centers (Hechanova, 2008). A small scale study of health behaviors among call center employees was also attempted but no technical report was published in this regard. It is in this spirit that we wish to focus this study on young call center employees. The research team wishes to contribute to the data base that will be available for health planners and strategists. By choosing to do a descriptive study, we hope to generate hypotheses that will encourage other social scientists to follow through with more elegant research designs to respond to unanswered problem questions.

The results of this study aim to provide stakeholders and other concerned organizations and institutions the first source of published data on risk behaviors of call center employees for HIV and STIs. Through the preliminary evidence mentioned above, young workers in the BPO are a population to study particularly because of public

perception that their behavioral patterns and lifestyle could put them at risk for HIV infection and other sexually-transmitted infections. Young people working in the call center industry are considered a unique group because they have a profile of good income, stressful job, closed social network and unusual working hours. Moreover, very little is known about the dating habits, socialization and sexual lifestyle of this population. The study hopes to enlighten stakeholders about these areas and provide a deeper understanding and fuller grasp of the vulnerabilities faced by this sector.

The second phase of this survey, is a qualitative study of the call center employees' motivations and preferences when it comes to dating and having sex with one or several partners; the interpersonal barriers for low risk behaviors; depth of knowledge of transmission about HIV/AIDS and attitudes towards changing risk behaviors. This study will make use of focus group discussions with young male and female call center employees including MSMs as well as group interviews with call center management. The qualitative phase will look at the data generated by the survey phase of this study. The project will commence in September of 2009 and it is supported by the Ateneo de Manila University Institute of Philippine Culture. This study will be a collaboration among the Ateneo de Manila University, the UCSF Center for AIDS Prevention and Studies and the Department of Health.

Research Questions

This study seeks to provide an appreciation of the work/life circumstances among call center employees and understand the socialization patterns and sexual expressions and attitudes which may put them at risk of HIV and STI. The specific questions this study aims to answer are the following:

1. What are the socialization patterns, sexual behaviors and practices of call center employees that may put them at risk of HIV and other STIs?
2. What are the trends in initiating and maintaining social and intimate relations among call center employees?
3. What do young call workers know about HIV and sexually transmitted infections and how did they acquire this information?
4. What are the personal beliefs and attitudes expressed by young call center workers about HIV/AIDS and STIs?
5. How do they perceive their own risk for infection?

Methods

Research Design

This study used a cross-sectional design through a self-

administered survey of target young male and female call center employees in Metro Manila. It basically aims to generate descriptive data (e.g. proportions and frequencies of specific behaviors and knowledge). This study entails a descriptive survey data analysis. Results will help uncover the unique experiences and lifestyle of young employees of call centers, and a better understanding of how these lifestyle and practices relate to risk factors for HIV infection. Given the specificities of work demands in call centers like rotational shifting hours in work schedule, the youth's lifestyle, risk behaviors can be further understood in light of the nature of their job in their immediate work environment.

Sampling

A total of 650 respondents from 30 call centers in Metro Manila participated in the survey. Respondents' ages were within the range of 15 to 39 years but the mode was within the range of 20-29 years. Respondents with ages 30- 39 years only accounts for 9% of total respondents. All respondents were on a night shift. Call center employees generally start their work during the night to be able to serve clients from overseas who conduct their business in their usual daytime hours. The focus is on this special group of young employees because of the interest of the researchers on the social, sexual and risky lifestyle of young people who are working in this unique shift-work environment.

The sampling method used was convenient and purposive

sampling due to the following reasons:

a. The urgency with which the results of the study are needed. The research team was given a maximum of 4 months to collect and analyze the survey. These data were part of the evidences that were intended for inclusion in the resubmission of the Philippine Proposal for the Round 9 Global Fund.
b. The formal procedures and protocol within call centers will inevitably delay the administration of the survey. There was also a perceived resistance from some companies to participate in this survey because of the stigma caused by the rumored HIV cases in some call centers.

Instruments

The first draft of the instrument developed by the Ateneo research team was based on a review of local and foreign studies as well as a review of local survey instruments that have been previously developed such as the 2002 Young Adult and Sexuality Survey (YAFS) and draft questionnaires for IHBSS by the Department of Health National Epidemiology Center for its 2009 surveillance of most at risk populations such as sex workers, injecting drug users among others.

Subsequently, the first draft of the questionnaire went through further review and revisions through a presentation to a coalition of NGOs, private organizations and international agencies and a series of meetings attended by four NGO representatives (PHANSUP,

PRIMEX, Family Planning Office of the Philippines and the Library Foundation) and one government official from the Department of Social Welfare and Development. The revised instrument was also transmitted to several other organizations like the ILO, UNAIDS, and other technical resource persons for their comments. These comments were integrated into the finalization of the questionnaire prior to its pre-testing.

The revised version of the questionnaire was pre-tested to 15 call center employees from various companies. The questionnaire went through another round of revisions based on feedback from pre-test respondents. These included the revision of the consent forms, instructions, the wording of specific items and the overall format of choosing response categories.

The final 12-page questionnaire was organized into six content domains with 122 items. These domains were:

1. Personal Demographics
2. Professional Demographics
3. Relationships and Lifestyle
4. Information about Sex, STIs & HIV/AIDS
5. Sexual Behaviors
6. STI & HIV/AIDS Knowledge & Attitudes

A letter of introduction and consent to the respondents appeared on the cover page of the questionnaire to allow respondents to give their consent before proceeding to answer the questionnaire. Anonymity of respondents was protected by not writing their names. All questionnaire items were written in English.

Procedure

The PCCI invited members of the Philippine Call Center Alliance to an orientation about the planned survey study. The lead investigator of the project oriented the members on the objectives and the ultimate value of the research to be conducted. Based on the suggestions of the members in attendance, letters of invitations and an abstract of the study were prepared and distributed to the call centers. In addition to channeling the invitations through the usual route, individual call center agents who occupy supervisory roles were personally contacted to assist in recruiting respondents who meet the inclusion criteria. Most of these supervisors received a letter of invitation explaining the purpose of the study and an abstract for a more detailed description of the proposed study. Upon approval, the survey questionnaires were distributed by an assigned employee of the company at various times but within the working hours. Personal referrals of those who participated in the survey also recommended other call center agents who might qualify.

Data Management

Questionnaire data was encoded at the Ateneo de Manila University Psychology Department and analyzed through SPSS version 12. Data is stored at the Psychology Department Research Unit of the Ateneo de Manila University.

1

Profile of Call Center Employees

Personal Profile

Biological sex

A total of 650 call center employees took part in this survey research. Of the 650 respondents, 51.4% or 334 are biological males whereas 48.6% or 316 are biological females.

Table 1: Biological Sex

Age

Respondents' ages ranged from 15 to 39 years old with a mean age of 25.18 years old *(SD = 3.42)*, a mode and a median of 25 years old. The majority 88.3% or 574 call center

employees are ages 20 to 29 year old. Of this 88.3% majority, 43.1% or 280 employees surveyed are 20 to 24 years old whereas 45.2% or 294 employees are 25 to 29 years old. These numbers may be reflective of the relatively young composition of the call center workforce. In addition, 16 respondents or 2.5% belong to the youngest age group at 15 to 19 years old. Around a tenth of the employees surveyed are 30 years old and above. In summary, the majority of the call center employees surveyed are youth with ages ranging from 20 to 29 years. Young employees with ages ranging from 15 to 24 years old comprise nearly half of the respondents at 45.6%. These age groups will be compared with the youth population from the Young Adult Fertility and Sexuality Study or YAFS for selected variables.

Γ Table 2: Age Group by Biological Sex

Educational Attainment

In terms of educational attainment, college graduates comprise almost 70% of the call center employees surveyed. Almost one fourth of the respondents at 22.5% are still studying at college or undergraduate level. Less than 1% of the respondents are high school graduates and fewer than 5% are at the graduate or MA level. A number of respondents at 2.5% did not indicate their educational level. In general, the majority of the call center employees in this study are either college level

or college graduates. It is interesting to note that not all call center employees have completed an undergraduate degree.

Γ Table 3: Educational Attainment by Biological Sex

Religion

The majority of the respondents or 76.8% are Roman Catholics. Another 8.8% identify as Christians whereas another 10% belong to various Christian sects including Protestant, Iglesia ni Cristo, Baptist, 7th day Adventist, and Aglipay. A very small percentage of 1.5% indicate having no religion and another 2% belong to other religious affiliations including Mormon, ABD, Jihad, Atheist, MCGI (Ang Dating Daan), Apostolic Catholic, Evangelist, Scientologist, and Yaohushoahim. Another 2% did not indicate their religious affiliation. In general, the majority of the call center employees surveyed are either Roman Catholic or affiliated with a Christian religious sect.

Γ Table 4A: Religion by Biological Sex

Γ Table 4B: Other Respondents' Religion

Living Arrangements

The call center employees were asked about their

current living arrangements. Among the choices are living in a private residence, an apartment or condominium, a boarding house or dormitory, as boarder or bedspacer, and others. The majority or 60.2% of the respondents from both sexes live in a private residence, with slightly more females (63.9%) than males (56.6%). This is followed by 27.5% of respondents who live in an apartment or condominium, this time with slightly more males (31.4%) than females (23.4%). Another 10.9% of the respondents are either living in a boarding house or dormitory or renting bed space. Less than 2% of the employees said others or gave no or multiple responses.

Γ Table 5: Living Arrangement by Biological Sex

Living Companions

Respondents were also asked to specify who they are currently living with. Among the 8 choices are living with parents, with siblings, with relatives, with a partner or lover or spouse, with one's children, with friends, alone, or with other people not specified. Respondents were asked to check all that apply to them, implying that they could have multiple responses. For both sexes, slightly more than half (50.3%) report living with their parents followed by 23.7% who live with their siblings. Around one fifth or 21.2% of call center employees surveyed live with a partner or lover or spouse.

Another 11.5% live with relatives and 9.8% live with their children. For all these living arrangements, females report higher percentages compared to males; meaning more females report living with family members or a partner compared to males. On the other hand, 12% of both sexes live with friends and 10% live alone. More males report either living with friends or alone compared to females. Only 2.2% report living with other people not specified like a household helper, roommates, boardmates, and officemates.

- **Table 6A: Living Companions by Biological Sex and Age Group**
- **Table 6B: Other Living Companions**

Marital Status

For current marital status, respondents may indicate married, unmarried, separated, or divorced. The majority or 77.4% of the call center employees surveyed are unmarried, with more males (80.8%) compared to females (73.7%). Another 13.1% are married, with more females (16.5%) compared to males (9.9%). Across all age groups, the majority are unmarried although the percentage decreases with age. For those 30 years and above, the majority of males at 65.4% remain unmarried whereas the majority of females at 47.1% are already married. A small percentage of the respondents at 1.7% are separated whereas 7.8% gave no response.

Γ Table 7: Marital Status by Biological Sex and Age Group

Professional Profile

Type of Call Center

Asked to describe the type of call center they are currently working in, the largest group or 37.5% of the surveyed employees report working for an inbound call center. Another 17.8% of the respondents come from a customer relationship management center and 17.2% are employed in outbound call centers. The other types of call centers the employees report working for include telemarketing call centers (6.2%), web-enabled call centers (1.8%), interactive call centers (1.5%), phone call centers (0.6%), and virtual call centers (0.3%); comprising a total of 10.4% of all respondents. Another 7.7% report working for other types of call centers not specified in the survey. In addition, 5.2% of the employees did not give a response and another 4.0% gave multiple responses. In total, more than 70% of the employees surveyed come from either inbound call centers, outbound call centers, or customer relationship management centers.

Γ Table 8: Type of Call Center

Months Employed & Kind of Work.

The number of months these respondents were employed with their current company ranged from 1 month to 103 months (8 years and 7 months). The mean number of months is 21.3 (*SD* = 16.29), a median of 17 months, and a mode of 24 months. Almost all employees, 96.6% or 628, report that this is their full time job and only 2.3% or 15 employees report that this is their part time job. Seven or 1.1% of the employees did not respond.

Job Designation

Respondents were asked to indicate their primary role in the call center they work in. Around half or 47.8% report working as inbound agents whereas around one fourth or 23.8% are outbound agents. Combined, the majority of the employees surveyed or a total of 71.6% are either inbound or outbound agents. A tenth or 10.2% are working as managers or team leaders. A significant number at 13.7% indicated other job designations including training, administrative-installer, analyst, BPA, associate, process agent, technical support, administrative, IT, reporting, adjudicator, collection officer, and customer service representative. Aside from the types of jobs mentioned here, other positions were specified by the respondents.

- **Table 9A: Job Designation by Age Group**
- **Table 9B: Other Job Designations**

Monthly Salary

Across all age groups, the majority (55.5%) earn around 15,000 (about $300) to 20,000 (about $400) pesos a month. This, if converted to a daily earning for 30 days, ranges from P500 to P667 which is 31% to 75% higher than the minimum wage in NCR of P382 (DOLE, 2009). These call center employees earn more than twice (220%) compared to the average Philippine Gross National Income per Capita of $1,620 or $135 a month (Worldbank, 2008). In the 2007 Occupational Wages Survey (BLES, 2007), the average wage rate in a survey of 21 occupations from 5 businesses (computer and related activities; accounting, bookkeeping and auditing activities; architectural, engineering and related technical consultancy activities; call center activities; and, medical transcription and related outsourcing activities) is P10,629. Overall, the call center employees'average income is above the national average salary.

Around one fourth or 24.4% earn more than 21,000 pesos a month; with 16% earning 21,000 to 25,000 pesos monthly and 8.2% earning above 25,000 pesos monthly. Still, 14.8% of the respondents earn below 14,000 pesos monthly. Comparing among age groups, a greater percentage of very young employees 15 to 19 years of age earn below 14,000 pesos

monthly compared to older employees. While a greater number of employees ages 25 and above earn more than 20,000 pesos monthly compared to younger employees. There is a clear pattern of increasing salary with increasing age for the 20,000 pesos and above monthly salary range. Around 5% of the respondents did not indicate their monthly compensation.

Γ Table 10: Monthly Salary by Age Group

Experience of Work Abroad

For both sexes, 88.6% of the respondents have no prior experience working abroad. However, 7.8% or 51 call center employees surveyed have worked abroad. Another 3.5% or 23 of the participants did not respond to this question. Asked to describe the nature of their job abroad, 20 participants described their job as professional while 7 as technical and 16 of them indicated specific jobs like bartender or barista, waiter or waitress or service crew, food concessionaire or food services, corporate social responsibility, customer service, hospitality industry, hotel telephone operator, human resources, reservation clerk, sales representative, singer, and website administrator. Two males worked as seafarers or seamen while two women worked as domestic helpers. The number of months these participants were employed abroad ranged from 2 weeks to 80 months (6 years and 8 months). The mean number of months is 16.97 (*SD* = 17.35), a median of 12 months,

and a mode of six months.

- **Table 11: Respondents Who Worked Abroad By Biological Sex**
- **Table 12A: Type of Overseas Work by Biological Sex**
- **Table 12B: Other Types of Overseas Work**

Relational Profile

Relationship Status

Respondents were asked about their current relationship status. Choices include being single, dating, being in a relationship, being in an *open* relationship, and being in a *complicated* situation. An open relationship is commonly understood as a situation wherein relationship partners can see other people. A complicated relationship is defined by respondents as having more than one partner, being separated, living with one's child, and simply silent about the relationship status. For both sexes, more than 80% of the respondents are either in a relationship or single.

In general, more female participants at 50% are currently in a relationship compared to males at 35%. The gender difference is most apparent for the 20 to 24 year old group, with 50% of females in a relationship compared to roughly 30% of males. This gender difference in reported relationship status decreases with age. At ages 25 to 29 years, around 51% of females are in a relationship compared to 38% of males. By age

30 and above, the gender difference is minimal with 50% of females and around 46% of males in a relationship.

On the other hand, more male participants at 43% are currently single compared to females at 36%. The gender difference is most pronounced at age 30 and above where around 42% of males report being single compared to less than 18% of females.

For both sexes, around 6% are dating, 4% report being in an open relationship, and 3% are in a complicated relationship situation. More males compared to females report dating, being in an open relationship, and being in a complicated situation. The gender differences observed are relatively small given the small percentages of respondents who report having these types of relationship status.

Γ Table 13: Relationship Status by Biological Sex and Age Group

Kind of Partnership

Respondents, who are currently dating, in a relationship, in an open relationship, or in a complicated situation, were asked to describe their current partner or partners. They could answer opposite sex, same sex, or both sexes.

Among males, 48.5% of call center employees or almost half of the participants are currently involved with the opposite

sex. The other half or 44.9% of male employees are dating or are in a relationship with either the same sex (33.7%) or both sexes (11.2%). Another 6.5% of males did not respond. In general, around half of the male call center employees surveyed are involved with the opposite sex, a third with the same sex and a tenth with both sexes.

The pattern of partnership is different for female call center employees surveyed. The majority or 78.5% of female participants are involved with the opposite sex. Still, a number of females report dating or being in a relationship with the same sex (9.1%) or both sexes (7.5%). In total, 16.6% of female employees are either involved with the same sex or both sexes. Another 4.8% did not respond.

In sum, less than 50% of male employees are involved with the opposite sex compared to the 80% of female employees with opposite sex partners. On the other hand, more than 50% of male employees are involved with either the same sex or both sexes compared to less than 20% of female employees in the same kind of partnership. The Philippine National Demographic and Health Survey in 2003 reported that in their survey of men, only 5% reported having sexual relations with a man. According to this report, men in the poorest wealth quintile are the least likely to have sex with a man. However, there has been no updated statistics about relationship status of working young men and women in the country and particularly in Metro Manila.

Γ Table 14: Kind of Partnership by Biological Sex

Best Description of their Current Relational Situation

Respondents were asked to give the best description of their current situation in terms of the following choices: (a) not married and not living with sex partner, (b) not married and living with sex partner, (c) married and living with spouse, (d) married and not living with spouse or sex partner, (e) married and living with sex partner (not spouse), and (f) not applicable. Most of the call center employees surveyed at 58.0% are currently not married and not living with a sex partner, with very little difference between males and females.

One fourth of the employees at 25.1% are either not married and living with a sex partner (14.6%) or married and living with a spouse (10.5%). For these, gender differences were observed. More males (17.1%) than females (12.0%) are currently not married and are living with a sex partner. On the other hand, more females (13.3%) than males (7.8%) are currently married and living with a spouse. In other words, there are more males who report living with a sex partner while there are more females who report living with a spouse. This may be explained by the kind of partnership participants are engaging in, with more males currently involved with the same sex and more females currently involved with the

opposite sex.

A small percentage or 2.2% of the respondents are married and not living with their spouse or sex partner and another 1.4% are married and living with a sex partner who is not their spouse. A number of participants answered not applicable (5.8%) or gave no response (7.5%).

Γ Table 15: Best Description of Current Relational Situation by Biological Sex and Age Group

Γ Table Attachments

Table 1: Biological Sex

Biological Sex	f	%
Male	334	*51.4*
Female	316	*48.6*
TOTAL	650	*100.0*

Table 2: Age Group by Biological Sex

Age Group	Males		Females		Both Sexes	
	f	%	f	%	f	%
15 to 19 years old	3	*0.9*	13	*4.1*	16	*2.5*
20 to 24 years old	149	*44.6*	131	*41.5*	280	*43.1*
25 to 29 years old	156	*46.7*	138	*43.7*	294	*45.2*
30 and above	26	*7.8*	34	*10.8*	60	*9.2*
TOTAL	334	*51.4*	316	*48.6*	650	*100*

Table 3: Educational Attainment by Biological Sex

Educational Attainment	Males		Females		Both Sexes	
	f	%	f	%	f	%
High school graduate	3	*0.9*	3	*0.9*	6	*0.9*
Undergraduate level	85	*25.4*	61	*19.3*	146	*22.5*
College graduate	215	*64.4*	237	*75.0*	452	*69.5*
MA/graduate level	16	*4.8*	7	*2.2*	23	*3.5*
MA graduate	4	*1.2*	0	*0.0*	4	*0.6*
Others	1	*0.3*	2	*0.6*	3	*0.5*
No Responses	10	*3.0*	6	*1.9*	16	*2.5*
TOTAL	334	*100*	316	*100*	650	*100*

Table 4A: Religion by Biological Sex

Religion	Males		Females		Both Sexes	
	f	%	f	%	f	%
Roman Catholic	252	*75.4*	247	*78.2*	499	*76.8*
Christian	23	*6.9*	34	*10.8*	57	*8.8*
Protestant	14	*4.2*	5	*1.6*	19	*2.9*
Iglesia ni Cristo	13	*3.9*	6	*1.9*	19	*2.9*
Others	10	*3.0*	6	*1.9*	16	*2.5*
Baptist	5	*1.5*	7	*2.2*	12	*1.8*

Religion	Males		Females		Both Sexes	
	f	%	f	%	f	%
None	9	*2.7*	1	*0.3*	10	*1.5*
7th Day Adventist	1	*0.3*	3	*0.9*	4	*0.6*
Aglipay	1	*0.3*	0	*0.0*	1	*0.2*
No Response	6	*1.8*	7	*2.2*	13	*2.0*
TOTAL	334	*100*	316	*100*	650	*100*

Table 4B: Other Respondents' Religions

Other Religions	f	%
Mormon	5	*31.3*
ABD	1	*6.3*
Apostolic Catholic	1	*6.3*
Atheist	1	*6.3*
Evangelist	1	*6.3*
Jihad	1	*6.3*
MCGI (Ang Dating Daan)	1	*6.3*
Scientologist	1	*6.3*
Yaohushoahim	1	*6.3*
No Responses	3	*18.8*
TOTAL	16	*100*

Table 5: Living Arrangement by Biological Sex

Living Arrangement	Males		Females		Both Sexes	
	f	%	f	%	f	%
Private residence	189	*56.6*	202	*63.9*	391	*60.2*
Apartment or condominium	105	*31.4*	74	*23.4*	179	*27.5*
Boarding house or dormitory	20	*6.0*	25	*7.9*	45	*6.9*
Boarders or bedspacers	15	*4.5*	11	*3.5*	26	*4.0*
Others	3	*0.9*	1	*0.3*	4	*0.6*
Multiple responses	1	*0.3*	0	*0.0*	1	*0.2*
No responses	1	*0.3*	3	*0.9*	4	*0.6*
TOTAL	334	*100*	316	*100*	650	*100*

Table 6A: Living Companions by Biological Sex and Age Group

	With parents		With siblings		With partner/ lover/ spouse		With friends		With relatives		Alone		W ch
	f	%	f	%	f	%	f	%	f	%	f	%	f
Males (n=334)													
15 to 19 yrs. old	2	*66.7*	1	*33.3*	0	*0.0*	1	*33.3*	0	*0.0*	0	*0.0*	0
20 to 24 yrs. old	81	*54.4*	31	*20.8*	20	*13.4*	27	*18.1*	18	*12.1*	16	*10.7*	2
25 to 29 yrs. old	67	*42.9*	30	*19.2*	36	*23.1*	16	*10.3*	13	*8.3*	25	*16.0*	10
30 yrs.& above	11	*42.3*	5	*19.2*	5	*19.2*	3	*11.5*	6	*23.1*	2	*7.7*	5
TOTAL	161	*48.2*	67	*20.1*	61	*18.3*	47	*14.1*	37	*11.1*	43	*12.9*	17
Females (n=316)													
15 to 19 yrs. old	9	*69.2*	4	*30.8*	1	*7.7*	0	*0.0*	4	*30.8*	2	*15.4*	1
20 to 24 yrs. old	70	*53.4*	42	*32.1*	25	*19.1*	17	*13.0*	18	*13.7*	10	*7.6*	10
25 to 29 yrs. old	72	*52.2*	36	*26.1*	39	*28.3*	13	*9.4*	13	*9.4*	7	*5.1*	23
30 yrs.& above	15	*44.1*	5	*14.7*	12	*35.3*	1	*2.9*	3	*8.8*	3	*8.8*	13
TOTAL	166	*52.5*	87	*27.5*	77	*24.4*	31	*9.8*	38	*12.0*	22	*7.0*	47
Both sexes (N=650)													
15 to 19 yrs. old	11	*68.8*	5	*31.3*	1	*6.3*	1	*6.3*	4	*25.0*	2	*12.5*	1
20 to 24 yrs. old	151	*53.9*	73	*26.1*	45	*16.1*	44	*15.7*	36	*12.9*	26	*9.3*	12
25 to 29 yrs. old	139	*47.3*	66	*22.4*	75	*25.5*	29	*9,9*	26	*8.8*	32	*10.9*	33
30 yrs.& above	26	*43.3*	10	*16.7*	17	*28.3*	4	*6.7*	9	*12.0*	5	*8.3*	18
TOTAL	327	*50.3*	154	*23.7*	138	*21.2*	78	*12.0*	75	*11.5*	65	*10.0*	64

Table 6B: Other Living Companions

Other Living Companions	f	%
Household Helper	3	*21.4*
Roommates	3	*21.4*
Boardmates	2	*14.3*
Extended Family (In-laws, Nephews/ Nieces)	2	*7.1*
Close Friends	1	*7.1*
Guardian	1	*7.1*
Officemates	1	*7.1*
No Responses	1	*7.1*
TOTAL	14	100

Table 7: Marital Status by Biological Sex and Age Group

	Unmarried		Married		Separated		No Responses	
	f	%	f	%	f	%	f	%
Males								
15 to 19 yrs. old	2	*66.7*	0	*0.0*	0	*0.0*	1	*33.3*
20 to 24 yrs. old	134	*89.9*	4	*2.7*	1	*0.7*	10	*6.7*
25 to 29 yrs old	117	*75.0*	23	*14.7*	3	*1.9*	13	*8.3*
30 yrs. & above	17	*65.4*	6	*23.1*	0	*0.0*	3	*11.5*
TOTAL	270	*80.8*	33	*9.9*	4	*1.2*	27	*8.1*
Females								
15 to 19 yrs. old	12	*92.3*	0	*0.0*	0	*0.0*	1	*7.7*
20 to 24 yrs. old	113	*86.3*	8	*6.1*	1	*0.8*	9	*6.9*
25 to 29 yrs old	94	*68.1*	28	*20.3*	4	*2.9*	12	*8.7*
30 yrs. & above	14	*41.2*	16	*47.1*	2	*5.9*	2	*5.9*
TOTAL	223	*73.7*	52	*16.5*	7	*2.2*	24	*7.6*
Both sexes								
15 to 19 yrs. old	14	*87.5*	0	*0.0*	0	*0.0*	2	*12.5*
20 to 24 years old	247	*88.2*	12	*4.3*	2	*0.7*	19	*6.8*
25 to 29 years old	211	*71.8*	51	*17.3*	7	*2.4*	25	*8.5*
30 and above	31	*51.7*	22	*36.7*	2	*3.3*	5	*8.3*
TOTAL	503	*77.4*	85	*13.1*	11	1.7	51	*7.8*

Table 8: Type of Call Center

Type of Call Center	f	%
Inbound Call Center	**244**	*37.5*
Customer Relationships Management	**116**	*17.8*
Outbound Call Center	**112**	*17.2*
Other Types	**50**	*7.7*
Telemarketing Call Center	**40**	*6.2*
Multiple Responses	**26**	*4.0*
Web-Enabled Call Center	**12**	*1.8*
Interactive Call Center	**10**	*1.5*
Phone Call Center	**4**	*.6*
Virtual Call Center	**2**	*.3*
No Response	**34**	*5.2*
TOTAL	**650**	*100.0*

Table 9A: Job Designation by Age Group

	Inbound Agent		Outbound Agent		Others		Manager/ Team Leader		Multiple Responses		No Response	
	f	%	f	%	f	%	f	%	f	%	f	%
15 to 19 yrs. old	9	*56.3*	6	*37.5*	0	*0.0*	1	*6.3*	0	*0.0*	0	*0.0*
20 to 24 yrs. old	135	*48.2*	86	*30.7*	39	*13.9*	10	*3.6*	4	*1.4*	6	*2.1*
25 to 29 yrs old	140	*47.6*	50	*17.0*	43	*14.6*	48	*16.3*	3	*1.0*	10	*3.4*
30 yrs. & above	27	*45.0*	13	*21.7*	7	*11.7*	7	*11.7*	1	*1.7*	5	*8.3*
TOTAL	311	*47.8*	155	*23.8*	89	*13.7*	66	*10.2*	8	*1.2*	21	*3.2*

Table 9B: Other Job Designations

Other Job Designations	f	%
Training	12	*13.5*
Administrative-Installator	9	*10.1*
Analyst	6	*6.7*
BPA	6	*6.7*
Associate	5	*5.6*
Process Agent	4	*4.5*
Technical Support	4	*4.5*
Administrative	3	*3.4*
IT	3	*3.4*
Reporting	3	*3.4*

Adjudicator	2	2.2
Other Job Designations	**f**	**%**
Collection Officer	2	2.2
Customer Service Representative	2	2.2
Workforce Management	2	2.2
Authorized Signatory	1	1.1
Chat Agent	1	1.1
Client Account Manager	1	1.1
E-mail Support	1	1.1
Encoder	1	1.1
Front Desk	1	1.1
HR	1	1.1
ICT	1	1.1
Indexes	1	1.1
Junior Lead	1	1.1
Learning Specialist	1	1.1
Marketing Staff	1	1.1
Mortgage Assessor	1	1.1
Officer	1	1.1
Operations Support	1	1.1
Subject Matter Expert	1	1.1
VLT Specialist	1	1.1
VSA	1	1.1
No Responses	8	9.0
TOTAL	89	100.0

Table 10: Monthly Salary by Age Group

	Below P14,000		15 -20Th		21-25Th		Above 25Th		No Response	
	f	%	f	%	f	%	f	%	f	%
15 – 19 years old	5	*31.3*	8	*50.0*	2	*12.5*	0	*0.0*	1	*6.3*
20 – 24 years old	45	*16.1*	181	*64.6*	29	*10.4*	10	*3.6*	15	*5.4*
25 – 29 years old	38	*12.9*	141	*48.0*	63	*21.4*	36	*12.2*	16	*5.4*
30 years old & above	8	*13.3*	31	*51.7*	10	*16.7*	7	*11.7*	4	*6.7*
TOTAL	96	*14.8*	361	*55.5*	104	*16.0*	53	*8.2*	36	*5.5*

Table 11: Respondents Who Worked Abroad by Biological Sex

	Males		Females		Both Sexes	
	f	%	f	%	f	%
No	295	*88.3*	281	*88.9*	576	*88.6*
Yes	28	*8.4*	23	*7.3*	51	*7.8*
No Response	11	*3.3*	12	*3.8*	23	*3.5*
TOTAL	334	*100*	316	*100*	650	*100*

Table 12A: Type of Overseas Work by Biological Sex

	Males		Females		Both Sexes	
	f	%	f	%	f	%
Professional	11	*39.3*	9	*39.1*	20	*39.2*
Others	9	*32.1*	7	*30.4*	16	*31.4*
Technical	5	*17.9*	2	*8.7*	7	*13.7*
No Responses	1	*3.6*	3	*13.0*	4	*7.8*
Seafarer/Seaman	2	*7.1*	0	*0.0*	2	*3.9*
Domestic Helper	0	*0.0*	2	*8.7*	2	*3.9*
TOTAL	28	*100*	23	*100*	51	*100*

Table 12B: Other Types of Overseas Work

Other Types of Overseas Work	f	%
Bartender/barista/waiter/waitress/service crew	2	12.5
Food Concessionaire/Food services	2	12.5
Corporate Social Responsibility	1	6.25
Customer Service	1	6.25
Hospitality Industry	1	6.25
Hotel telephone operator	1	6.25
Human Resources	1	6.25
On The Job Training	1	6.25
Part Time Job	1	6.25
Reservation Clerk	1	6.25
Sales Representative	1	6.25
Singer	1	6.25
Website Administrator (BPO)	1	6.25
No Responses	1	6.25
TOTAL	16	100

Table 13: Relationship Status by Biological Sex and Age Group

	In a relationship		Single		Dating		Open relationship		Complicated	
	f	%	f	%	f	%	f	%	f	%
Males										
15 to 19 yrs. old	1	33.3	1	33.3	1	33.3	0	0.0	0	0.0
20 to 24 yrs. old	44	29.5	69	46.3	13	8.7	8	5.4	6	4.0
25 to 29 yrs. old	60	38.5	62	39.7	8	5.1	8	5.1	6	3.8
30 yrs.& above	12	46.2	11	42.3	0	0.0	1	3.8	1	3.8
TOTAL	117	35.0	143	42.8	22	6.6	17	5.1	13	3.9
Females										
15 to 19 yrs. old	4	30.8	6	46.2	2	15.4	0	0.0	0	0.0
20 to 24 yrs. old	66	50.4	56	42.7	2	1.5	0	0.0	3	2.3
25 to 29 yrs. old	71	51.4	46	33.3	8	5.8	6	4.3	3	2.2
30 yrs.& above	17	50.0	6	17.6	3	8.8	1	2.9	0	0.0
TOTAL	158	50.0	114	36.1	15	4.7	7	2.2	6	1.9
Both sexes										
15 to 19 yrs. old	5	31.3	7	43.8	3	18.8	0	0.0	0	0.0
20 to 24 yrs. old	110	39.3	125	44.6	15	5.4	8	2.9	9	3.2
25 to 29 yrs. old	131	44.6	108	36.7	16	5.4	14	4.8	9	3.1
30 yrs.& above	29	48.3	17	28.3	3	5.0	2	3.3	1	1.7
TOTAL	275	42.3	257	39.5	37	5.7	24	3.7	19	2.9

Table 14: Kind of Partnership by Biological Sex

	Males		Females		Both Sexes	
	f	%	f	%	f	%
Opposite sex	**82**	*48.5*	**146**	*78.5*	**228**	*64.2*
Same sex	**57**	*33.7*	**17**	*9.1*	**74**	*20.8*
Both sexes	**19**	*11.2*	**14**	*7.5*	**33**	*9.3*
No responses	**11**	*6.5*	**9**	*4.8*	**20**	*5.6*
TOTAL	**169**	*100*	**186**	*100*	**355**	*100*

Table 14: Best Description of Current Relational Situation by Biological Sex and Age Group

	Not married, not living with sex partner		Not married, living with sex partner		Married, living with spouse		Married, not living with spouse or sex partner		Married, living with sex partner (not spouse)		Not applicable	
	f	%	f	%	f	%	f	%	f	%	f	%
Males												
15 to 19 yrs. old	2	*66.7*	0	*0.0*	0	*0.0*	0	*0.0*	0	*0.0*	1	*33.3*
20 to 24 yrs. old	89	*59.7*	29	*19.5*	3	*0.3*	0	*0.0*	1	*0.7*	12	*8.1*
25 to 29 yrs. old	88	*56.4*	24	*15.4*	17	*10.9*	2	*1.3*	5	*3.2*	9	*5.8*
30 yrs.& above	13	*50.0*	1	*3.8*	6	*23.1*	1	*3.8*	0	*0.0*	1	*3.8*
TOTAL	192	*57.5*	57	*17.1*	26	*7.8*	3	*0.9*	6	*1.8*	23	*6.9*
Females												
15 to 19 yrs. old	9	*69.2*	2	*15.4*	0	*0.0*	0	*0.0*	0	*0.0*	1	*7.7*
20 to 24 yrs. old	83	*63.4*	16	*12.2*	7	*5.3*	2	*1.5*	0	*0.0*	8	*6.1*
25 to 29 yrs. old	80	*58.0*	16	*11.6*	24	*17.4*	5	*3.6*	1	*0.7*	6	*4.3*
30 yrs.& above	13	*38.2*	4	*11.8*	11	*32.4*	4	*11.8*	2	*5.9*	0	*0.0*
TOTAL	185	*58.5*	38	*12.0*	42	*13.3*	11	*3.5*	3	*0.9*	15	*4.7*
Both sexes												
15 to 19 yrs. old	11	*68.8*	2	*12.5*	0	*0.0*	0	*0.0*	0	*0.0*	2	*12.5*
20 to 24 yrs. old	172	*61.4*	45	*16.1*	10	*3.6*	2	*0.7*	1	*0.4*	20	*7.1*
25 to 29 yrs. old	168	*57.1*	40	*13.6*	41	*13.9*	7	*2.4*	6	*2.0*	15	*5.1*
30 yrs.& above	26	*43.3*	8	*13.3*	17	*28.3*	5	*8.3*	2	*3.3*	1	*1.7*
TOTAL	377	*58.0*	95	*14.6*	68	*10.5*	14	*2.2*	9	*1.4*	38	*5.8*

2

Gender and Sexual Identities of Call Center Employees

The survey included questions regarding call center workers' gender identity, sexual orientation, and sexual identity. These variables were used to create and compare groups in subsequent sections. In particular, the participants were categorized as either LGBT (lesbian, gay, bisexual, and transgender) or non-LGBT (heterosexual) based on their reported gender identity, sexual orientation, sexual identity, and sexual behaviors. In addition, males were further categorized as either MSM (men having sex with men) or non-MSM (men who do not have sex with men) based on sexual

behaviors alone. Subsequent comparisons along these categories, LGBT versus non-LGBT and MSM versus non-MSM, are made later on.

Gender identity refers to one's inner sense of self as female, male, or transgender. It is a subjective feeling and may or may not be congruent with one's sex at birth. It is also not related to one's sexual orientation. Transgenderism is commonly understood in two ways: (1) male-to-female transgenders who were born as biological males but self-identify as female, and (2) female-to-male transgenders who were born as biological females but self-identify as male.

Sexual orientation is explored in this study in terms of three dimensions: (1) romantic attraction (falling in love), (2) sexual attraction, and (3) commitment to a monogamous romantic and sexual relationship. Sexual orientation is often defined in terms of the sex of the person one is romantically and sexually attracted to. A person is then categorized as heterosexual, bisexual, or homosexual (gay or lesbian). A heterosexual falls in love with and is sexually attracted to predominantly the opposite sex. A bisexual is romantically and sexually attracted to both sexes. A gay or lesbian falls in love with and is sexually attracted to predominantly the same sex.

Finally, sexual identity is one's subjective identity as heterosexual, bisexual, or homosexual (gay or lesbian). One's sexual identity may or may not match one's sexual orientation. Again, gender identity, sexual orientation, and sexual identity

are explored in conjunction with sexual behaviors in later sections.

Gender Identity

In terms of gender identity, the majority of the participants identify as males and females, 47.5% and 48.5% respectively. However, a substantial 4% or 26 of the 650 participants choose to identify as transgender. Of the 26 participants who identify as transgender, 25 are male-to-female transgender while 1 is a female-to-male transgender.

Γ Table 16: Gender Identity

"Hanging Out" or Lifestyle

Hanging out refers to spending leisure time with other people. In general, majority of both male and female call center workers hang out equally with both sexes, 80.8% and 83.2% respectively. Among male participants who spend leisure time predominantly with one sex, more hang out with males (12%) than females (6%). Among female respondents who hang out usually with one sex, more hang out with females (10.1%) than males (3.5%). These reflect a pattern of hanging out more with same-sex peers although majority of the participants generally relate to both sexes. A small percentage of males (1.2%) and females (3.2%) did not give a response.

Γ Table 17: Who the Respondents Usually Hang Out with

Romantic Attraction (Falling in love)

The pattern of falling in love is markedly different for male and female call center employees surveyed. For males, around half or 50.6% have fallen in love with the opposite sex while the other half or 46.1% have fallen in love with the same sex (20.1%) or both sexes (26.0%). For females, the majority or 81.0% fall in love with the opposite sex while only 13.9% fall in love with the same sex (2.8%) or both sexes (11.1%). About 3.3% of males and 5.1% of females did not respond. In terms of falling in love or romantic attraction, around half of male call center employees fall in love with the same sex or both sexes while the majority of females fall in love with the opposite sex.

Γ Table 18: Who the Respondents Have Romantic Attraction with

Sexual Attraction

The same gender pattern can be seen when it comes to sexual attraction. Half of the male workers surveyed or 51.2% are sexually attracted to the opposite sex while the other half or

47.6% are sexually attracted to the same sex (30.5%) or to both sexes (17.1%). On the other hand, the majority of female workers or 83.9% responded that they are sexually attracted to the opposite sex. Only 12.0% of females are sexually attracted to the same sex (3.5%) or both sexes (8.5%). Around 1.2% of males and 4.1% of females did not specify to whom they are sexually attracted. In sum, around half of male call center workers are sexually attracted to the same sex or both sexes while the majority of females are attracted to the opposite sex exclusively.

Γ Table 19: Who the Respondents Have Sexual Attraction with

Commitment to a Romantic Relationship

Likewise, a similar gender pattern is observed in terms of commitment to romantic relationships. Half or 50.9% of the male participants enter romantic relationships with the opposite sex only while 27.8% is with the same sex and 18.3% with both sexes. In contrast, the majority or 83.5% of female participants engage in romantic relationships with the opposite sex only. Around 11.4% of females have romantic relationships with the same sex (4.1%) or both sexes (7.3%). Around 3.0% of males and 5.1% of females did not respond. In general, around half of male call center employees enter romantic relationships

with the same sex or both sexes while the majority of females have committed relationships only with the opposite sex.

Γ Table 20: Who the Respondents Have Committed Romantic Relationship with

Sexual Identity

Male and female participants' sexual identities match their reported romantic attraction, sexual attraction, and commitment to romantic relationships; that is, participants' sexual identities appear congruent with their sexual orientation. Among male call center workers surveyed, half or 52.1% self-identify as heterosexual or non-LGBT. Around a fifth or 20.7% identify as bisexuals while 18.3% identify as gays. Combined, 39.0% of male call center employees are bisexual, gay or transgender based on sexual identity alone. However, 3.0% of males were undecided and another 6.0% did not respond. The non-response may be indicative of a non-heterosexual sexual orientation or gender identity. In contrast, the majority or 86.4% of female call center workers surveyed self-identify as heterosexual or not bisexual, lesbian or transgender. Only 5.7% of females identify as bisexuals and 2.8% as lesbians. In sum, less than 10% of females or 8.5% to be exact belong to the bisexual, lesbian and transgender group. Another 1.9% of females were undecided and 2.2% had no

response; again possibly implying a non-heterosexual orientation. As a whole, 52.1% of males and 86.4% of females are heterosexual or non-LGBT while 39.0% of males and 8.5% of females are non-heterosexual or bisexual, lesbian, or transgender in sexual identity.

Γ Table 21: Sexual Identity by Biological Sex

LGBT vs. non-LGBT

For subsequent comparisons between LGBT and non-LGBT, gender identity, sexual orientation, sexual identity, and sexual behavior were used as the criteria for inclusion. LGBTs are participants who report any or a combination of the following criteria: (1) self-identify as lesbian, gay, bisexual, transgender, or any other non-heterosexual gender identity and sexual orientation; (2) experience romantic attraction or fall in love with the same sex or both sexes; (3) experience sexual attraction or are sexually attracted to the same sex or both sexes; (4) commit to a romantic relationship with the same sex or both sexes; and, (5) engage in sexual behaviors with the same sex. Non-LGBTs are participants who do not report any of the above behaviors. Using this set of criteria, not all participants who self-identify as heterosexuals are categorized as non-LGBT. Some participants who identify as heterosexual but have experienced romantic attraction, sexual attraction,

romantic relationships, or sexual behaviors with the same sex are classified as LGBTs. Of the 447 participants who identify as heterosexual, 433 were classified as non-LGBT, 11 were classified as LGBT, and three participants the researchers were not able to categorize.

MSM vs. non-MSM

For subsequent comparisons between MSM and non-MSM, only sexual behavior was used as the criterion for inclusion. MSM or men who have sex with men are participants who report engaging in sex with the same sex. Non-MSM are men who report having sex only with women. There are 47.6% or 159 men who report that they have sex with men while 44.3% or 148 men report that they have not had sex with men. Out of the 148 men, only 16 report that they have no sexual experience at all. For this study, there are only 132 non-MSMs since those who have not experienced sex are excluded.

Γ Table 22: Who the Respondents Have Sex With

Γ Table Attachments

Table 16: Gender Identity

Gender Identity	f	%
Male	309	*47.5*
Female	315	*48.5*
Transgender Male to Female	25	*3.8*
Transgender Female to Male	1	*0.2*
TOTAL	650	*100*

Table 17: Who the Respondents Usually Hangout with

	Males		Females	
	f	%	f	%
Males	40	*12.0*	11	*3.5*
Females	20	*6.0*	32	*10.1*
Both sexes	270	*80.8*	263	*83.2*
No responses	4	*1.2*	10	*3.2*
TOTAL	334	*100*	316	*100*

Table 18: Who the Respondents Have Romantic Attraction with

	Males		Females	
	f	%	f	%
Males	67	*20.1*	256	*81.0*
Females	169	*50.6*	9	*2.8*
Both sexes	87	*26.0*	35	*11.1*
No responses	11	*3.3*	16	*5.1*
TOTAL	334	*100*	316	*100*

Table 19: Who the Respondents Have Sexual Attraction with

	Males		Females	
	f	%	f	%
Males	102	*30.5*	265	*83.9*
Females	171	*51.2*	11	*3.5*
Both sexes	57	*17.1*	27	*8.5*
No responses	4	*1.2*	13	*4.1*
TOTAL	334	*100*	316	*100*

Table 20: Who the Respondents Have Committed Romantic Relationship with

	Males		Females	
	f	%	f	%
Males	93	*27.8*	264	*83.5*
Females	170	*50.9*	13	*4.1*
Both sexes	61	*18.3*	23	*7.3*
No responses	10	*3.0*	16	*5.1*
TOTAL	334	*100*	316	*100*

Table 21: Sexual Identity by Biological Sex

	Males		Females		Both Sexes	
	f	%	f	%	f	%
Heterosexuals	174	*52.1*	273	*86.4*	447	*68.8*
Bisexual	69	*20.7*	18	*5.7*	87	*13.4*
Gay/ Lesbian	61	*18.3*	9	*2.8*	70	*10.8*
Undecided	10	*3.0*	6	*1.9*	16	*2.5*
Others	0	*0.0*	3	*0.0*	3	*0.5*
No responses	20	*6.0*	7	*2.2*	27	*4.2*
TOTAL	309	*100*	315	*100*	650	*100*

Table 22: Who the Respondents Have Sex with

	Males		Females	
	f	%	f	%
Sex with a Male				
Yes	159	*47.6*	230	*72.8*
No	148	*44.3*	84	*26.6*
No Response	27	*8.1*	2	*0.6*
TOTAL	334	*100*	316	*100*
Sex with a Female				
Yes	230	*68.9*	33	*10.4*
No	94	*28.1*	279	*88.3*
No Response	10	*3.0*	4	*1.3*
TOTAL	334	*100*	316	*100*

3

Dating Behaviors of Call Center Employees

Activities with Friends

The call center workers were asked about the activities they enjoy doing with their friends. A set of 14 activities were provided as follows: eating, watching movies, shopping or window-shopping, hanging around, drinking (alcohol), hanging out in coffee shops, watching TV or videos, bar or club hopping, outings or excursions, sports, going to church, computer gaming, driving around, and cruising. Driving around and cruising are two distinguishable activities. In contrast to merely driving around, cruising means there is an

intention to pick up a date and this may be realized by walking or driving around cruising sites. Respondents could check as many activities as they wanted, leading to multiple responses. They could also specify other activities they enjoy that were not included in the set of choices.

Males versus Females

For both male and female call center workers, eating or dining out emerged as the activity they enjoy with friends the most. A total of 77.8% of males and 81.3% of females chose eating or dining out, making it the top activity for both sexes. For males, the next top four activities are drinking alcohol (66.8%), watching movies (63.5%), hanging around (57.8%), and bar or club-hopping (53.9%). For females, the most frequently enjoyed activities include shopping or window-shopping (66.8%), watching movies (63.3%), hanging around (54.1%), and hanging out in coffee shops (48.1%).

Most notable are the gender similarities and differences in activities participants enjoy doing with friends. Watching movies and hanging around were almost equally enjoyed by both sexes, making them the top 2 and top 4 activities overall. In contrast, more females (66.8%) enjoy shopping compared to males (50.0%); with shopping the top 3 activity overall. In addition, more males (66.8%) enjoy drinking alcohol than females (43.7%); with drinking the top 5 activity overall. Marked gender differences were also observed for bar or club

hopping, sports, and computer gaming; with roughly 20% more of males engaging in these activities compared to females.

The activities both sexes engage in the least are cruising (5.8%), driving around (15.8%), computer gaming (20.2%), and going to church (24.0%). Other activities mentioned include meeting people with the same interests, specific sports like volleyball and swimming, bible study, card games, sleeping, and smoking.

Γ **Table 23A: Enjoyable Dating Activities by Biological Sex**

Γ **Table 23B: Other Enjoyable Dating Activities**

Heterosexuals versus LGBTs

A similar trend emerged in comparing the different activities enjoyed by non-LGBTs (heterosexuals) and LGBTs (lesbians, gays, bisexuals, and transgenders). For both groups, eating or dining out and watching movies are the top two activities. For LGBTs, the top five activities by percentage are as follows: eating or dining out (83.2%), watching movies (71.5%), shopping or window-shopping (66.4%), drinking alcohol (66.4%), and hanging out in coffee shops (64.0%). For non-LGBTs or heterosexuals, the top five activities are the following: eating (77.8%), watching movies (59.6%), hanging around (54.7%), shopping or window-shopping (54.3%), and

drinking alcohol (50.6%).

The largest differences observed between LGBTs and non-LGBTs are for hanging around and hanging out in coffee shops. Non-LGBTs prefer hanging around in general whereas LGBTs prefer hanging out specifically in coffee shops. Also notable is the greater percentage of LGBTs (66.4%) who enjoy drinking alcohol compared to non-LGBTs (50.6%). More LGBTs (58.4%) also enjoy bar or club hopping compared to non-LGBTs (39.5%).

Γ Table 24: Enjoyable Dating Activities by Sexual Identity

Dating Places

Respondents were asked to identify where they usually go on a date. A set of 12 choices were given: movie house, club or bar, park, lunch out or dine out, cultural shows or concerts or plays, hotel or motel, friend's house, shopping malls, partner's (girlfriend or boyfriend's) home, and church. Respondents could also specify other dating places not among the 12 choices mentioned.

Males versus Females

For males, the top three dating places are as follows: movie house (70%), shopping malls (60.8%), and lunch out or

dine out (59.3%). For females, the top three dating places are the following: lunch out or dine out (73.7%), shopping malls (68.4%), and movie house (63.3%). Though the order of three activities vary for males and females, both sexes watch movies, eat out, and go to shopping malls for dates.

The fourth top dating place for both males and females is a partner's home, 39.2% and 36.4% respectively. Marked differences were observed for the next three dating places with more males going to clubs or bars, a friend's house, and a hotel or motel compared to females. In particular, 37.4% of males go to bars or clubs compared to only 24.4% of females, 30.8% of males go to houses of friends compared to only 21.2% of females, and 32.9% of males go to hotels or motels compared to only 13.3% of females. These may be partly explained by the gender differences in relationship status previously noted wherein more males are single or dating whereas more females are in a relationship or married. In addition, more males report having romantic relationships and sexual encounters with the same sex compared to females.

Other places mentioned include private homes, out of town trips, and coffee shops.

Γ Table 25: Dating Places by Biological Sex

Γ Table 26: Other Places where Respondents Go on a Date

Heterosexuals versus LGBTs

A similar pattern emerged in comparing the different dating places enjoyed by non-LGBTs and LGBTs. For both groups, eating places, movie houses, and shopping malls are the top three dating places. More than 60% of both LGBTs and non-LGBTs prefer going to these dating places. A far fourth is a partner's home preferred by more than a third of both groups.

Likewise, striking differences were observed between LGBTs and non-LGBTs when it comes to clubs or bars, houses of friends, and hotels or motels. More LGBTs than non-LGBTs prefer going to clubs or bars (45.8% vs. 24.0%), houses of friends (36.4% vs. 21.2%), and hotels or motels (33.2% vs. 18.7%).

Γ Table 27: Dating Places by Sexual Identity

Having Sex

Respondents were asked to give the usual frequency that they would have sex, also referred as going "all the way", when going out on dates.

Males versus Females

A small percentage of about 5% of both sexes would always have sex when going out on dates. Another 12% of both

sexes would have sex most of the time. The majority however reports having sex sometimes. For this, a marked gender difference was observed with more males (41.9%) having sex sometimes on a date compared to females (24.4%). Conversely, one third or around 30% of the female participants would never engage in sex during dates compared to less than 10% of males. More than 10% of all participants answered "not applicable".

Γ Table 28: Frequency of Having Sex or Going "All The Way" on Dates by Biological Sex

Heterosexuals versus LGBTs

A similar pattern emerged when comparing LGBTs and non-LGBTs. The majority of LGBTs and non-LGBTs also report going "all the way" sometimes, 36.9% and 31.9% respectively. However, more LGBTs engage in sex most of the time compared to non-LGBTs (16.4% vs. 10.4%). Conversely, more non-LGBTs or heterosexuals would never engage in sex when going out on dates compared to LGBTs (22.2% vs. 13.6%). Around 5% for both groups report having sex always when going out on dates.

Γ Table 29: Frequency of Having Sex or Going "All The Way" on Dates by Sexual Identity

Γ Table Attachments

Table 23A: Enjoyable Dating Activities by Biological

	Males (n=334)		Females (n=316)		Both Sexes (n=650)	
	f	%	f	%	f	%
Eating/ Dine-out	260	*77.8*	257	*81.3*	517	*79.5*
Watching movies	212	*63.5*	200	*63.3*	412	*63.4*
Shopping/ window-shopping	167	*50.0*	211	*66.8*	378	*58.2*
Hanging Around	193	*57.8*	171	*54.1*	364	*56.0*
Drinking (alcohol)	223	*66.8*	138	*43.7*	361	*55.5*
Hanging out in coffee shops	160	*47.9*	152	*48.1*	312	*48.0*
Watching TV/Videos	161	*48.2*	137	*43.4*	298	*45.8*
Bar/club hopping	180	*53.9*	116	*36.7*	296	*45.5*
Outing/Excursion	147	*44.0*	138	*43.7*	285	*43.8*
Sports	122	*36.5*	49	*15.5*	171	*26.3*
Going to church	80	*24.0*	76	*24.1*	156	*24.0*
Computer gaming	101	*30.2*	30	*9.5*	131	*20.2*
Driving around	67	*20.1*	36	*11.4*	103	*15.8*
Cruising	24	*7.2*	14	*4.4*	38	*5.8*
Others	10	*3.0*	6	*1.9*	16	*2.5*

Table 23B: Other Enjoyable Dating Activities

	f	%
Meeting Same-Interest People	**2**	*12.5*
Sports (Volleyball, Swimming)	**2**	*12.5*
Bible Study	**1**	*6.25*
Card Games	**1**	*6.25*
Sleeping	**1**	*6.25*
Smoking/Drinking	**1**	*6.25*
No Responses	**8**	*50*
TOTAL	**16**	*100.0*

Table 24: Enjoyable Dating Activities by Sexual Identity

	Non-LGBTs (n = 433)		LGBTs (n = 214)	
	f	%	f	%
Eating/ Dine-out	337	*77.8*	178	*83.2*
Watching movies	258	*59.6*	153	*71.5*
Shopping/window-shopping	235	*54.3*	142	*66.4*
Hanging Around	237	*54.7*	126	*34.6*
Drinking (Alcohol)	219	*50.6*	142	*66.4*
Hanging out in coffee shops	174	*40.2*	137	*64.0*
Watching TV/videos	190	*43.9*	108	*50.5*
Bar/Club hopping	171	*39.5*	125	*58.4*
Outing/Excursion	180	*41.6*	105	*49.1*
Sports	111	*25.6*	60	*28.0*
Going to church	98	*22.6*	58	*27.1*
Computer gaming	91	*21.0*	40	*18.7*
Driving around	57	*13.2*	46	*21.5*
Cruising	21	*4.8*	17	*7.9*
Others	10	*2.3*	6	*2.8*

Note: There were 3 participants the researchers were not able to categorize.

Table 25: Dating Places by Biological Sex

	Males (n=334)		Females (n=316)		Both Sexes (n=650)	
	f	%	f	%	f	%
Lunch Out/Dine out	198	*59.3*	233	*73.7*	431	*66.3*
Movie House	229	*68.6*	200	*63.3*	429	*66.0*
Shopping Malls	203	*60.8*	216	*68.4*	419	*64.5*
Partner's (Gf/Bf) home	131	*39.2*	115	*36.4*	246	*37.8*
Club/Bar	125	*37.4*	77	*24.4*	202	*31.1*
Friend's house	103	*30.8*	67	*21.2*	170	*26.2*
Hotel/Motel	110	*32.9*	42	*13.3*	152	*23.4*
Church	57	*17.1*	71	*22.5*	128	*19.7*
Park	49	*14.7*	48	*15.2*	97	*14.9*
Cultural shows/concerts/plays	42	*12.6*	28	*8.9*	70	*10.8*
Not Applicable	12	*3.6*	12	*3.8*	24	*3.7*
Others	6	*1.8*	5	*1.6*	11	*1.7*

Table 26: Other Places where Respondents Go on a Date

	f	%
Private Homes	5	45.5
Out Of Town	3	27.3
None	2	18.2
Coffee shop	1	9.1
TOTAL	11	100.0

Table 27: Dating Places by Sexual Identity

	Non-LGBTs (n = 433)		LGBTs (n = 214)	
	f	%	f	%
Lunch Out/Dine Out	290	*67.0*	140	*65.4*
Movie House	286	*66.1*	143	*66.8*
Shopping Malls	278	*64.2*	139	*65.0*
Partner's (Gf/Bf) Home	164	*37.9*	82	*38.3*
Club/Bar	104	*24.0*	98	*45.8*
Friend's House	92	*21.2*	78	*36.4*
Hotel/Motel	81	*18.7*	71	*33.2*
Church	88	*20.3*	40	*18,7*
Park	69	*15.9*	28	*13.1*
Cultural Shows/ Concerts/ Plays	39	*9.0*	31	*14.5*
Not Applicable	18	*4.2*	6	*2.8*
Others	8	*1.8*	3	*1.4*

Note: There were 3 participants the researchers were not able to categorize.

Table 28: Frequency of Having Sex or Going "All The Way" on Dates by Biological Sex

	Males		Females		Both Sexes	
	f	%	f	%	f	%
Always	22	*6.6*	13	*4.1*	35	*5.4*
Most of the Time	44	*13.2*	36	*11.4*	80	*12.3*
Sometimes	140	*41.9*	77	*24.4*	217	*33.4*
Rarely	60	*18.0*	39	*12.3*	99	*15.2*
Never	29	*8.7*	96	*30.4*	125	*19.2*
Not applicable	29	*8.7*	38	*12.0*	67	*10.3*
No Response	10	*3.0*	17	*5.4*	27	*4.2*
TOTAL	334	*100*	316	*100*	650	*100*

Table 29: Frequency of Having Sex or Going "All The Way" on Dates by Sexual Identity

	Non-LGBTs (n = 433)		LGBTs (n = 214)	
	F	%	f	%
Always	24	*5.5*	11	*5.1*
Most of the Time	45	*10.4*	35	*16.4*
Sometimes	138	*31.9*	79	*36.9*
Rarely	61	*14.1*	37	*17.3*
Never	96	*22.2*	29	*13.6*
Not applicable	49	*11.3*	17	*7.9*
No Response	20	*4.6*	6	*2.8*
TOTAL	433	*100*	214	*100*

Note: There were 3 participants the researchers were not able to categorize.

4

Internet and Media Usage of Call Center Employees

Internet Activities

With the increasing importance of the internet to society in general and youth in particular, the survey included information about internet and media usage. The mode of meeting new people and dating with strangers through the cyberworld is a generational phenomenon that presents risks as the internet exponentially expands the social and sexual network of the present generation of users. Sexual encounters are now possible and much easier because of access to different media formats. Call center workers were asked to report their

internet activities by selecting from a list of 9 activities. Included in the list were social networking, emailing, chatting, watching videos, random surfing, research, online games, watching pornographic sites, and settling of accounts. Respondents could specify other internet activities they engage in. Multiple responses were allowed.

Males versus Females

The top internet activities for both sexes are social networking (76.2%), emailing (71.1%), chatting (63.4%), and watching videos (60.6%). More females use the internet for email compared to males (78.8% vs. 63.8%) while more males use the internet to watch videos compared to females (66.5% vs. 54.4%). Almost the same percentages of males and females use the internet for social networking and chatting.

Among the other internet activities, males and females were almost the same in percentage for random surfing (49.8% for both sexes) and settling of accounts (13.8% for both sexes). However, very marked differences between the sexes were observed for engaging in games and consuming pornographic materials over the internet. More male participants report using the internet for online games (35.3% vs. 20.6%) and for watching pornography (28.4% vs. 4.4%) compared to females. On the other hand, more female participants use the internet for research purposes (54.5% vs. 44.9%) compared to males. Other internet activities specified by participants include

downloading and file sharing, recreational activities, and cyber sex online.

Γ Table 30A: Internet Activities by Biological Sex

Γ Table 30B: Other Internet Activities

Heterosexuals versus LGBTs

For heterosexuals or non-LGBTs, the top five internet activities in order are as follows: social networking (74.4%), emailing (72.7%), chatting (58.9%), watching videos (57.3%), and random surfing (50.3%). LGBTs engage in the same top five internet activities except that more LGBTs report spending time chatting (72.4% vs. 58.9%) and watching videos (68.2% vs. 57.3%). In addition, a marked difference in the use of the internet to consume pornography was seen, with more LGBTs watching porn compared to non-LGBTs (29.0% vs. 10.9%). Only differences above 10% are noted.

Γ Table 31: Internet Activities by Sexual Identity

Media Formats for Meeting Dates

The call center workers were asked which media formats they use to meet dates. Among the range of possible media

formats for meeting potential dates, the set of 5 choices include dating sites in the internet, chat rooms in the internet, text messages, social networking sites in the internet, and posts or messages on TV. Respondents could identify other media formats not in the list. Respondents could also have more than one choice, allowing for multiple responses.

Males versus Females

The most popular media formats to meet dates in order of frequency of use for both sexes are text messages, chat rooms, social networking sites, dating sites, and posts or messages on TV. Male call center employees are more frequent users of diverse media formats for meeting dates compared to female employees surveyed. More males compared to females use text messages (47.3% vs. 25.9%), go to chat rooms in the internet (39.2% vs. 14.6%), visit social networking sites in the internet (34.7% vs. 7.6%), use dating sites in the internet (19.8% vs. 4.7%), and use posts or messages on TV (9.6% vs. 1.9%) to meet dates. They also report online games as a media form in which they meet for dates. This gender pattern may be related to more males belonging to the LGBT group compared to females who are predominantly heterosexual. Meeting same-sex dates among male LGBTs may be facilitated by new media formats and the internet.

Γ Table 32: Media Formats for Possible Meet-ups by Biological Sex

Heterosexuals versus LGBTs

As noted previously, the use of new media formats to meet dates may be a phenomenon among male LGBTs. Accordingly, LGBTs use diverse media formats more frequently to meet dates compared to heterosexuals or non-LGBTs. More LGBTs compared to non-LGBTs use text messages (52.8% vs. 29.1%), go to chat rooms in the internet (47.2% vs. 17.6%), visit social networking sites in the internet (42.1% vs. 11.5%), use dating sites in the internet (22.0% vs. 7.9%), and use posts or messages on TV (14.0% vs. 1.8%) to meet dates. As previously mentioned, meeting same-sex dates may be facilitated by new media formats and the internet.

Γ Table 33: Media Formats for Possible Meet-ups by Sexual Identity

🖹 Media Formats for Sexual Encounters

The call center workers were also asked if they use the same set of new media formats to meet sexual partners or people they eventually have sex with. The data show similar trends across gender and sexual orientation for the use of

diverse media formats to meet people for sexual encounters.

Males versus Females

The most popular media formats to meet people for sexual encounters in order of frequency of use for both sexes are text messages, chat rooms, social networking sites, dating sites, and posts or messages on TV. Male participants have higher percentages of use of all media formats to meet sexual partners than females. More males compared to females use text messages (36.2% vs. 9.8%), go to chat rooms in the internet (34.1% vs. 7.0%), visit social networking sites in the internet (26.3% vs. 2.8%), use dating sites in the internet (15.9% vs. 1.3%), and use posts or messages on TV (8.1% vs. 0.9%) to meet people for sex. Online gaming, just like meeting possible dates, is also a venue for them to meet people that will lead to sexual encounters.

Γ Table 34: Media Formats for Sexual Encounters by Biological Sex

Heterosexuals versus LGBTs

LGBTs similarly have higher percentages of using different media formats for sexual encounters compared to non-LGBTs. More LGBTs compared to non-LGBTs use text messages (52.8% vs. 29.1%), go to chat rooms in the internet

(47.2% vs. 17.6%), visit social networking sites in the internet (42.1% vs. 11.5%), use dating sites in the internet (22.0% vs. 7.9%), and use posts or messages on TV (14.0% vs. 1.8%) to meet dates. Meeting same-sex sexual partners appear to be facilitated by new media formats and the internet.

Γ Table 35: Media Formats for Sexual Encounters by Sexual Identity

Γ Table Attachments

Table 30A: Internet Activities by Biological Sex

	Males (n=334)		Females (n=316)		Both Sexes (n=650)	
	f	%	f	%	f	%
Social Networking	253	*75.7*	242	*76.6*	495	*76.2*
Emailing	213	*63.8*	249	*78.8*	462	*71.1*
Chatting	211	*63.2*	201	*63.6*	412	*63.4*
Watching videos	222	*66.5*	172	*54.4*	394	*60.6*
Random Surfing	168	*50.3*	156	*49.4*	324	*49.8*
Research	150	*44.9*	171	*54.1*	321	*49.4*
Online Games	118	*35.3*	65	*20.6*	183	*28.2*
Watching pornographic sites	95	*28.4*	14	*4.4*	109	*16.8*
Settling of accounts	44	*13.2*	46	*14.6*	90	*13.8*
Others	11	*3.3*	6	*1.9*	17	*2.6*

Table 30B: Other Internet Activities

	f	%
Downloads and File Sharing	**4**	*23.5*
No Activities	**4**	*23.5*
Recreational Activities	**4**	*23.5*
Cyber Sex Online	**2**	*11.8*
Social Networks	**2**	*11.8*
No Responses	**1**	*5.9*
TOTAL	**17**	*100.0*

Table 31: Internet Activities by Sexual Identity

	Non-LGBTs (n = 433)		LGBTs (n = 214)	
	%	f	%	%
Social Networking	322	*74.4*	173	*80.8*
Emailing	315	*72.7*	146	*68.2*
Chatting	255	*58.9*	155	*72.4*
Watching videos	248	*57.3*	146	*68.2*
Random Surfing	218	*50.3*	104	*48.6*
Research	221	*51.0*	100	*46.7*
Online games	125	*28.9*	58	*27.1*
Watching pornographic sites	47	*10.9*	62	*29.0*
Settling of accounts	61	*14.1*	29	*13.6*
Others	13	*3.0*	4	*1.9*

Note: There were 3 participants the researchers were not able to categorize.

Table 32: Media Formats for Possible Meet-ups by Biological Sex

	Males (n=334)		Females (n=316)		Both Sexes (n=650)	
	f	%	f	%	f	%
Text Messages	158	*47.3*	82	*25.9*	240	*36.9*
Chat rooms in the internet	131	*39.2*	46	*14.6*	177	*27.2*
Social networking sites in the internet	116	*34.7*	24	*7.6*	140	*21.5*
Dating sites in the internet	66	*19.8*	15	*4.7*	81	*12.5*
Posts or messages on TV	32	*9.6*	6	*1.9*	38	*5.8*
Other Media	6	*1.8*	5	*1.6*	11	*1.7*

Table 33: Media Formats for Possible Meet-ups by Sexual Identity

	Non-LGBTs (n = 433)		LGBTs (n = 214)	
	f	%	f	%
Text Messages	126	*29.1*	113	*52.8*
Chat rooms in the internet	76	*17.6*	101	*47.2*
Social networking sites in the internet	50	*11.5*	90	*42.1*
Dating sites in the internet	34	*7.9*	47	*22.0*
Posts or messages on TV	8	*1.8*	30	*14.0*
Other media	7	*1.6*	4	*1.9*

Note: There were 3 participants the researchers were not able to categorize.

Table 34: Media Formats for Sexual Encounters by Biological Sex

	Males (n=334)		Females (n=316)		Both Sexes (n=650)	
	f	%	f	%	f	%
Text Messages	121	*36.2*	31	*9.8*	152	*23.4*
Chat rooms in the internet	114	*34.1*	22	*7.0*	136	*20.9*
Social networking sites in the internet	88	*26.3*	9	*2.8*	97	*14.9*
Dating sites in the internet	53	*15.9*	4	*1.3*	57	*8.8*
Posts or messages on TV	27	*8.1*	3	*0.9*	30	*4.6*
Others	4	*1.2*	10	*3.2*	14	*2.2*

Table 35: Media Formats for Sexual Encounters by Sexual Identity

	Non-LGBTs (n = 433)		LGBTs (n = 214)	
	f	%	f	%
Text Messages	126	*29.1*	113	*52.8*
Chat rooms in the internet	76	*17.6*	101	*47.2*
Social networking sites in the internet	50	*11.5*	90	*42.1*
Dating sites in the internet	34	*7.9*	47	*22.0*
Posts or messages on TV	8	*1.8*	30	*14.0*
Other media	7	*1.6*	4	*1.9*

Note: There were 3 participants the researchers were not able to categorize.

5

Alcohol and Substance Use of Call Center Employees

Alcohol Consumption

A common problem among drug and alcohol users is the spread of sexually transmitted diseases resulting from increase sexual risk-taking, including but not limited to lack of condom use (Koopman, Rosario, & Rotherman-Borus, 1994, cited in Tate, Drapkin & Brown, 2009). Substance use impairs judgment and leads to poor decision making, increasing the chance of making poor choices (Tate, Drapkin, & Brown, 2009). This is particularly salient in adolescent populations. In adolescents, substance use has been associated with an earlier

onset of sexual ectivity, more sexual partners, and more frequent sexual activity (Bentler & Newcomb, 1986, cited in Tate, Drapkin & Brown, 2009).

The survey respondents were asked how often they had alcohol in the past month. Choices were as follows: everyday, more than thrice a week, once or twice a week, none, and not applicable.

Frequency of Alcohol Consumption in the Past Month

Males versus Females. Results show that majority of both sexes drink alcohol at least once or twice a week, with a higher percentage of males (57.8%) compared to females (39.9%). Males generally report more frequent drinking compared to females across all age groups. More than a tenth of males at 13.5% drink more than thrice a week to everyday compared to only 5.8% of females reporting the same frequency. On the other hand, a third of females at 35.1% report not drinking at all during the past month compared to only 18.3% of males reporting the same. Another 16.3% of females and 9.3% of males answered "not applicable" to this question. Combining those who responded "none" and "not applicable", half of female call center workers at 51.6% would qualify as non-drinkers. Combining those who responded "once a week" to "everyday", the majority of male call center workers at 71.3%, on the other hand, are regular alcohol drinkers. It is

notable that 45.5% of female workers would also qualify as regular alcohol drinkers.

Γ Table 36: Frequency of Alcohol Consumption for the Past Month by Biological Sex and Age Group.

Heterosexuals versus LGBTs. The reported frequency of drinking alcohol during the past month is generally higher among LGBT call center employees surveyed than non-LGBT employees. A higher percentage of LGBTs drink at least once a week to everyday (a combined 71.5%) compared to their non-LGBT counterpart (a combined 53.0%). Accordingly, a higher percentage of non-LGBT or heterosexual employees report not drinking the past month or indicate that drinking alcohol is not applicable to them (a combined 45.1% who replied "none" and "not applicable") compared to LGBTs (a combined 27.1%). As such, the huge majority of LGBT respondents can be considered regular alcohol drinkers, drinking at least once a week. On the other hand, half of the non-LGBT respondents can be considered regular drinkers and the other half as non-drinkers.

Γ Table 37: Frequency of Alcohol Consumption for the Past Month by Sexual Identity and Age Group

Age of First Alcohol Consumption

The survey respondents were further asked to indicate the age at which they started to drink alcohol. Choices were as follows: below 13 years old, 13 to 16 years old, 17 to 20 years old, 21 years old and above, and not applicable.

The majority for both males and females (43.7% and 42.1% respectively) started drinking at 17 to 20 years of age. However, more males report starting to drink alcohol at a younger age compared to females; with 38.9% of male respondents drinking at ages 13 to 16 years old compared to only 24.4% of female respondents. Correspondingly, more females report starting to drink alcohol at a later age compared to males; with 16.5% of female participants beginning to drink alcohol at ages 21 years and above compared to only 6.0% of male participants. In addition, more females answered that drinking is "not applicable" to them compared to males (13.0% vs. 6.9%). As a pattern, most males in this survey start to drink alcohol at younger ages while female respondents start drinking at later ages. Still, the majority of both sexes begin drinking alcohol at ages 17 to 20 years old.

Γ Table 38: Age Started Drinking by Biological Sex

Substance Use

The association between substance use and risk for HIV was reported in the YAFS 3 in 2002 (Raymundo & Cruz, 2003). In this study, those who have tried drugs are far more likely than those who have not been into drugs to have had premarital sex, been suspended from school, and engaged in commercial sex either as provider or recipient. Injecting drugs through shared needles is a non-sexual mode of transmission of HIV. The survey respondents were asked to indicate if they have ever tried using drugs, the type of drugs used, the frequency of drug use, if they have tried injecting drugs, and if they have shared needles while injecting drugs for the last 12 months.

Ever Tried Using Drugs

Males versus Females. More males than females have tried using drugs among the call center employees surveyed. A total of 35.3% or 118 of the 334 males compared to 18.7% or 59 of the 316 females report have used drugs (at least once), an almost 20% difference between the two sexes. This pattern of gender difference was observed across all age groups. In particular, 29.5% of males aged 20 to 24 years old have tried drugs compared to 19.1% of females of the same age. The most marked gender difference is for the 25 to 29 years old age group, with 41.7% of the males having tried drugs compared to 17.4% of females. In general, the majority of both sexes have not tried using drugs, with 64.7% of males and 81.3% of

females saying no to drug use.

Γ Table 39: Ever Tried Drugs by Biological Sex and Age Group

Heterosexuals versus LGBTs. More LGBTs than non-LGBTs have tried using drugs. A total of 33.2% or 71 of the 214 LGBT respondents compared to 24.5% or 106 of the 433 non-LGBT respondents have used drugs; the observed difference however is below 10%. A similar pattern was observed across all age groups. For instance, 29.4% of LGBTs aged 20 to 24 have used drugs compared to 22.2% of heterosexuals or non-LGBTs in the same age range. Also, 37.2% of LGBT participants aged 25 to 29 years old report drug use compared to 27.0% of non-LGBTs with the same age. In general, the majority of LGBTs and non-LGBTs have not tried using drugs at 66.8% and 75.7% respectively.

Γ Table 40: Ever Tried Drugs by Sexual Identity and Age Group

Type of Drugs Used

Four types of drugs were identified in the survey questionnaire: shabu, ecstasy, marijuana, and valium. . These

were the more popular drugs used by young people based on data reported by Philippine Dangerous Drugs Board. These drugs were also cited in the questionnaire used by the 2009 DOH-NEC IHBSS study of most at risk groups. Respondents were asked to check all types of drugs they have tried and to specify other types of drugs not among the choices given. As such, respondents could have multiple responses. In general, both sexes who have tried drugs indicate similar answers. In rank order, marijuana is the most typical drug that both sexes use (a combined 80.2% of both sexes), followed by valium (31.1%), shabu (29.4%), and ecstasy (23.2%). Comparing drug use by gender, a higher percentage of males use marijuana compared to females (87.2% vs. 67.8%). More females use valium than males (39.0% vs. 27.4%). More males use shabu than females (35.0% vs. 18.6%). And slightly more males use ecstasy compared to females (24.8% vs. 20.3%). Nine females (15.3%) and three males (2.6%) indicated other types of drugs.

Γ Table 41: Types of Drugs Used by Biological Sex

Frequency of Drug Use in the Past Month

Males versus Females. Compared to alcohol use, the frequency of drug use over the past month was very low for

both sexes. The majority of the survey respondents report that they have either not used drugs during the past month or consider drug use not applicable to them. A combined total of 92.8% of males and 94.3% females answered either "none" or "not applicable". Very few respondents for both sexes report regular drug use during the past month. A total of 11 male respondents (3.3%) and 11 female respondents (3.5%) report taking drugs at least once a week. Overall, 22 of the 650 survey respondents (6.8%) can be considered regular drug users, indicating drug use from once or twice a week, more than thrice a week, to everyday.

Γ Table 42: Frequency of Drug Use for the Past Month by Biological Sex

Heterosexuals versus LGBTs. With respect to drug use in the past month, both LGBTs and non-LGBTs show the same pattern of not using drugs. A total of 94.0% of LGBT respondents and 93.7% of non-LGBT respondents report that they have not used drugs during the past month or that drug use is not applicable to them. Only 9 LGBT participants (4.2%), 12 non-LGBT participants (2.8%), and 1 participant that the researchers were not able to categorize his sexual identity can be considered regular drug users, having used drugs at least once a week during the past month.

Γ **Table 43: Frequency of Drug use for the Past Month by Sexual Identity**

Injecting Drugs and Sharing Needles

A very small number of survey participants report having injected drugs or shared needles in the past 12 months. Only 3 respondents admit to having injected drugs (0.5%). Likewise, only 3 respondents admit to sharing needles (0.5%). There were a number of participants who did not respond to the two questions, 14 and 16 respectively.

Γ **Table 44: Injected Drugs and Shared Needles in the Past 12 Months by Biological Sex**

Γ Table Attachments

Table 36: Frequency of Alcohol Consumption for the Past Month by Biological Sex and Age Group

	Everyday		More than 3x a week		Once or Twice a week		None		Not Appli
	f	%	f	%	f	%	f	%	f
Males									
15 to 19 yrs. old	0	*0.0*	0	*0.0*	2	*66.7*	1	*33.3*	0
20 to 24 yrs. old	3	*2.0*	20	*13.4*	81	*54.4*	30	*20.1*	13
25 to 29 yrs. old	2	*1.3*	19	*12.2*	98	*62.8*	19	*12.2*	17
30 yrs. and above	1	*3.8*	0	*0.0*	12	*46.2*	11	*42.3*	1
TOTAL	6	*1.8*	39	*11.7*	193	*57.8*	61	*18.3*	31
Females									
15 to 19 yrs. old	1	*7.7*	0	*0.0*	6	*46.2*	3	*23.1*	2
20 to 24 yrs. old	2	*1.5*	6	*4.6*	53	*40.5*	46	*35.1*	19
25 to 29 yrs. old	0	*0.0*	7	*5.1*	52	*37.7*	51	*37.0*	26
30 yrs. and above	0	*0.0*	2	*5.9*	15	*44.1*	11	*32.4*	5
TOTAL	3	*0.9*	15	*4.7*	126	*39.9*	111	*35.1*	52
Both Sexes									
15 to 19 yrs. old	1	*6.3*	0	*0.0*	8	*50.0*	4	*25.0*	2
20 to 24 yrs. old	5	*2.5*	26	*9.3*	134	*47.9*	76	*27.1*	32
25 to 29 yrs. old	2	*1.0*	26	*8.8*	150	*51.0*	70	*23.8*	43
30 yrs. and above	1	*3.3*	2	*3.3*	27	*45.0*	22	*36.7*	6
TOTAL	9	*2.0*	54	*8.3*	319	*49.1*	172	*26.5*	83

Table 37: Frequency of Alcohol Consumption for the Past Month by Sexual Identity and Age Grou

	Everyday		More than 3x a week		Once or Twice a week		None		Not Appli	
	f	%	f	%	f	%	f	%	f	
Non LGBTs										
15 to 19 yrs. old	1	*9.1*	0	*0.0*	5	*45.5*	3	*27.3*	2	1
20 to 24 yrs. old	2	*1.1*	13	*7.4*	76	*43.2*	55	*31.3*	23	1
25 to 29 yrs. old	1	*0.5*	13	*6.5*	93	*46.5*	58	*29.0*	33	1
30 yrs. and above	1	*2.2*	2	*4.3*	22	*47.8*	15	*32.6*	6	1
TOTAL	5	*1.2*	28	*6.5*	196	*45.3*	131	*30.3*	64	1
LGBTs										
15 to 19 yrs. old	0	*0.0*	0	*0.0*	3	*60.0*	1	*20.0*	0	
20 to 24 yrs. old	3	*2.9*	13	*12.7*	58	*56.8*	21	*20.6*	7	
25 to 29 yrs. old	1	*1.1*	13	*13.8*	57	*60.6*	12	*12.8*	10	1
30 yrs. and above	0	*0.0*	0	*0.0*	5	*38.5*	7	*53.8*	0	
TOTAL	4	*1.9*	26	*12.1*	123	*57.5*	41	*19.2*	17	

Note: There were 3 participants the researchers were not able to categorize.

Table 38: Age Started Drinking by Biological Sex

	Males		Females		Both Sexes	
	f	%	f	%	f	%
Below 13 years old	12	*3.6*	9	*2.8*	21	*3.2*
13 to 16 years old	130	*38.9*	77	*24.4*	207	*31.8*
17 to 20 years old	146	*43.7*	133	*42.1*	279	*42.9*
21 years old and above	20	*6.0*	52	*16.5*	72	*11.1*
Not Applicable	23	*6.9*	41	*13.0*	64	*9.8*
No Responses	3	*0.9*	4	*1.3*	7	*1.1*
TOTAL	334	*100*	316	*100*	650	*100*

Table 39: Ever Tried Drugs by Biological Sex and Age Group

	Yes		No		Total
	f	%	f	%	f
Males					
15 to 19 yrs. old	1	*33.3*	2	*66.7*	3
20 to 24 yrs. old	44	*29.5*	105	*70.5*	149
25 to 29 yrs old	65	*41.7*	91	*58.3*	156
30 yrs. & above	8	*30.8*	18	*69.2*	26
TOTAL	118	*35.3*	216	*64.7*	334
Females					
15 to 19 yrs. old	2	*15.4*	11	*84.6*	13
20 to 24 yrs. old	25	*19.1*	106	*80.9*	131
25 to 29 yrs old	24	*17.4*	114	*82.6*	138
30 yrs. & above	8	*23.5*	26	*76.5*	34
TOTAL	59	*18.7*	257	*81.3*	316
Both Sexes					
15 to 19 yrs. old	3	*18.8*	13	*81.3*	16
20 to 24 yrs. old	69	*24.6*	211	*75.4*	280
25 to 29 yrs old	89	*30.3*	205	*69.7*	294
30 yrs. & above	16	*26.7*	44	*73.3*	60
TOTAL	177	*27.2*	473	*72.8*	650

Table 40: Ever Tried Drugs by Sexual Identity and Age Group

	Yes		No		Total
	f	%	f	%	f
Non LGBTs					
15 to 19 yrs. old	2	*18.2*	9	*81.8*	11
20 to 24 yrs. old	39	*22.2*	137	*77.8*	176
25 to 29 yrs old	54	*27.0*	146	*73.0*	200
30 yrs. & above	11	*23.9*	35	*76.1*	46
TOTAL	106	*24.5*	327	*75.7*	433
LGBTs					
15 to 19 yrs. old	1	*20.0*	4	*80.0*	5
20 to 24 yrs. old	30	*29.4*	72	*70.6*	102
25 to 29 yrs old	35	*37.2*	59	*62.8*	94
30 yrs. & above	5	*38.5*	8	*61.5*	13
TOTAL	71	*33.2*	143	*66.8*	214

Note: There were 3 participants the researchers were not able to categorize.

Table 41: Types of Drugs Used by Biological Sex

	Males (n=118)		Females (n=59)		Both Sexes (n=177)	
	f	%	f	%	f	%
Marijuana	102	*87.2*	40	*67.8*	142	*80.2*
Valium	32	*27.4*	23	*39.0*	55	*31.1*
Shabu	41	*35.0*	11	*18.6*	52	*29.4*
Ecstasy	29	*24.8*	12	*20.3*	41	*23.2*
Others	3	*2.6*	9	*15.3*	12	*6.8*

Table 42: Frequency of Drug Use for the Past Month by Biological Sex

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	Males		Females		Both Sexes	
	f	%	f	%	f	%
Everyday	1	*0.3*	1	*0.3*	2	*0.3*
More than 3x a week	3	*0.9*	5	*1.6*	8	*1.2*
Once or 2x a week	7	*2.1*	5	*1.6*	12	*1.8*
None	145	*43.4*	124	*39.2*	269	*41.4*
Not Applicable	165	*49.4*	174	*55.1*	339	*52.2*
No Responses	13	*3.9*	7	*2.2*	20	*3.1*
TOTAL	334	*100*	316	*100*	650	*100*

Table 42: Frequency of Drugs Use for the Past Month by Sexual Identity

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	Non LGBTs		LGBTs	
	f	%	f	%
Everyday	1	*0.2*	1	*0.5*
More than 3x a week	5	*1.2*	2	*0.9*
Once or 2x a week	6	*1.4*	6	*2.8*
None	176	*40.6*	93	*43.5*
Not Applicable	230	*53.1*	108	*50.5*
No Responses	15	*3.5*	4	*1.9*
TOTAL	433	*100*	214	*100*

Note: There were 3 participants the researchers were not able to categorize.

Table 44: Injected Drugs and Shared Needles in the Past 12 Months by Biological Sex

	Males		Females		Both Sexes	
	f	%	f	%	f	%
Injected Drugs						
No	322	*96.4*	311	*98.4*	633	*97.4*
Yes	2	*0.6*	1	*0.3*	3	*0.5*
No Responses	10	*3.0*	4	*1.3*	14	*2.2*
Total	334	*100*	316	*100*	650	*100*
Shared Needles						
No	322	*96.4*	309	*97.8*	631	*97.1*
Yes	2	*0.6*	1	*0.3*	3	*0.5*
No Responses	10	*3.0*	6	*1.9*	16	*2.5*
Total	334	*100*	316	*100*	650	*100*

6

Sexual Behavior and Condom Use of Call Center Employees

Males versus Females

Ever Had Sex

Of the 334 male call center employees surveyed, 318 males or 95.2% have had sex. Of the 316 female call center employees surveyed, 242 females or 76.6% have had sex. Almost all male employees have had sex across all the age groups. For females, sexual activity increases with age with the average percentage of females reporting sexual activity

increasing across the age groups. From an average of 7 out of every 10 females aged 20 to 24 years old reporting sexual activity (69.5%), to 8 of every 10 females aged 25 to 29 years old (80.4%), and 9 of every 10 females aged 30 to 34 years old engaging in sex (88.2%).

Age of First Sexual Experience

Respondents with sexual experience were asked of their age when they started having sex. The mean age of participants first sexual experience is 17.83 (*SD* = 3.5) with a significant difference among males and females. Males (*M* = 16.7, *SD* = 3.4) experienced sex earlier than females (*M* = 19.2, *SD* = 3.1). Fifty percent of the participants had already experienced sex by age 18 and most participants also report that they had experienced sex by age 18. The maximum age of first sexual experience is 30. Although sex was defined as consensual sex as opposed to forced sex or sexual abuse through a note in the survey, 30 or 5.8% participants report having engaged in sex for the first time when they were 12 years old or younger with a minimum age of 4 years old.

Comment: Can this lead to the conclusion that they have been sexually abused? In the case of a 4 years old, that should the case beyond any doubt.

Ever Paid For Sex

Paying for sex can be considered a predominantly male sexual behavior with one fourth or 83 male respondents reporting paying for sex. That is, 1 out of every 4 males has paid for sex (26.1%). Only one female respondent has ever paid

for sex (0.4%).

Paid For Sex in the past 3 months

Likewise, more males report paying for sex in the last 3 months compared to females. A tenth of the male respondents, or 1 out of every 10 males, paid for sex in the past 3 months (10.1%). Again, only one female respondent paid for sex in the past 3 months (0.4%).

Been Paid for Sex in the past 3 months

Almost 10% of males report being paid for sex (9.1%). That is, 1 of every 10 males received money to have sex with another person in the past 3 months. Only four females report being paid for sex in the past 3 months (1.7%).

Γ Table 45: Frequency of Sexual Experience, Paying for Sex, and Having Been Paid for Sex by Biological Sex and Age Group

Frequency of Sex within the past 3 months

Respondents were asked to indicate the number of times they have had sex in the past three months, choosing from none or 0x, once or 1x, 2x, 3x, 4x, 5x, 6-10x, 11-15x, 16-20x, or more than 20x. A response of 3x would translate to roughly once a month. A response of 11x and above would average once a week. The modal response for males was an average of

more than 20 times or roughly twice a week (15.7%). This was followed by 6 to 10 times (13.8%) and no sexual activity (11.3%). The modal response for females was an average of 6 to 10 times (14.9%) followed by once in the last three months (12.8%) and no sexual activity (11.6%). Around 25% of males and almost 21% of females average once or twice a week of sex in the past 3 months, when combining participants who responded from 11x to more than 20x. From the modal responses, male sexual activity appears to be more frequent compared to females. The sex differences however are minimal for all reported frequencies.

Γ Table 46: Frequency of Sex within the Past 3 Months by Biological Sex

Frequency of Sex within the past 1 month

For the past 1 month, modal response for both males and females was zero or no sexual activity (21.1% and 27.3%) followed by once in the past month (19.2% and 16.5%). However, around 31% of males and 30% of females engage in sex at least once a week to more than five times a week, combining respondents who answered 4x to more than 20x in the past month. That is, 3 out of every 10 male or female call center employee surveyed has had sex at least once a week in the past month. Around 10% of males and roughly 6% of

females average three to five times of sex a week. Another 24% of males and 21% of females have sex twice or thrice a month.

Γ Table 47: Frequency of Sex within the Past 1 Month by Biological Sex

Frequency of Paying for Sex in the past 3 months

Of the 32 male respondents who have paid for sex in the past 3 months, 9 paid twice for sex, 8 paid once, and 7 paid thrice. Among females, only one has paid for sex and did so five times in the past three months.

Γ Table 48: Frequency of Paying for Sex within the Past 3 Months by Biological Sex

Frequency of Receiving Pay for Sex in the past 3 months

Of the 29 male respondents who have been paid for sex in the past 3 months, 10 report receiving money for sex once, 7 were paid twice, and 5 were paid thrice. Among females, only four have been paid for sex, only one participant answered once, another more than five times, and two with no response.

Γ Table 49: Frequency of Receiving Pay for Sex within the Past 3 Months by Biological Sex

Place or Venue for Sex in the past 3 months

The majority of both male and female respondents had sex in a house or private residence in the past 3 months (around 80% of males and 74% of females). The second most popular venue for sex is a hotel or motel (around 49% of males and 39% of females). Almost 10% of males also report having sex in a public place like a bar, club, movie house, or park, compared to only 2% of females. A few also answered the workplace and other venues. For this question, participants may indicate multiple responses.

Γ Table 50: Place or Venue for Sex in the Past 3 Months by Biological Sex

Multiple Sexual Partners within the past 12 months

There is a very small difference between the number of male sexual partners within the past 12 months in both males and females, 30.2% or 169 have more than one partner while 30.0% or 168 with one partner. Only 16.4% of both males and females report no sexual partners in the past year and 8.2% did not respond.

A higher percentage of males have had more than one male sexual partner in the past year compared to females (34.6% vs. 24.4%). Only 7.9% of MSMs have one sexual partner,

and 21.7% have no sexual partner in the past year. The majority of the females are sexually monogamous with 59.1% reporting one sexual partner for the past 12 months. In addition, only 9.5% answered no sexual partner and 3.7% did not respond.

For the frequency of female sexual partner within the past 12 months, 30.7% of both males and females report that they have no female sexual partner. This is followed by 20.9% , still both sexes, who report having more than one female sexual partner and 14.6% with only one female sexual partner for the past year.

More males have multiple sex partners than females (31.8 vs. 6.6%). Although only 29.2% of males report not having any female sexual partner for the past year, 22.6% of males have only one female sexual partner. Most (32.6%) lesbian and bisexual women have no sexual partners , only 6.6% reported having more than one partner, and 10 or 4.1% reported that they have only one partner for the past 12 months.

Γ Table 51: Number of Sexual Partners within the past 12 months by Biological Sex

Extra-Relational Sex

Asked if they have ever had sex with another person who is not their partner, 50% of males have had sex with a female who is not their partner and almost 40% of males have

had sex with a male who is not their partner. One third or 34% of females also report having sex with a male who is not their partner, similar to males. However, only 7% of females report having sex with a female who is not their partner. In summary, males show very high percentages of extra-relational sex with both the same sex and the opposite sex, with an even higher percentage for the same sex. Females, on the other hand, have higher percentages of extra-relational sex with the opposite sex compared to the same sex.

Γ Table 52: Extra-Relational Sex by Biological Sex

Sex with Alcohol and Drug Use in the past 3 months

In general, there are more males (55%) than females (31.8%) who have engaged in sex while intoxicated or under the influence of alcohol. A very small percentage of both sexes have engaged in sex under the influence of drugs. Only 5% or 16 males and 1% or 3 females report having sex with drugs.

Γ Table 53: Sex with Alcohol and Drug Use in the Past 3 Months by Biological Sex and Age Group

Specific Sexual Behaviors in the past 3 months

The call center employees surveyed were also asked if

they have engaged in specific sexual behaviors in the past 3 months. The five sexual activities were mutual masturbation, giving oral sex, vaginal sex, anal sex (receptive and insertive). For mutual masturbation, more males engage in this behavior compared to females (56.6% vs. 28.1%). In terms of giving oral sex, again more males report this behavior compared to females (57.2% vs. 46.3%). In contrast, more females report engaging in vaginal sex compared to males (60.3% vs. 40.6%); implying that the majority of female respondents are heterosexual, consequently engaging in heterosexual sexual intercourse, while many male respondents are men who have sex with men (MSM). Anal sex was generally a male sexual activity with 22.3% engaging in receptive anal sex and 22.6% engaging in insertive anal sex. It is notable that the percentage of males who engage in receptive and insertive anal sex drop for those aged 30 years old and above, 12% and 8% respectively. This implies that MSM behavior is higher for younger male employees. Only 5 female respondents or 2.1% have had receptive anal sex.

Γ Table 54: Specific Sexual Behavior in the Past 3 Months by Biological Sex and Age Group

Frequency of Condom Use when Paying for Sex

Respondents were asked to indicate their frequency of

condom use when paying for sex and when receiving pay for sex. Frequency was in terms of always, most of the time, sometimes, rarely, and never. As noted previously, paying for sex and receiving pay for sex was a predominantly male sexual behavior. Hence, only male condom use is reported here. A third or 11 of the 32 males who engage in paid sex always use a condom in the past 3 months. Another 8 use a condom sometimes or most of the time. And almost a third or 10 of the 32 males rarely or never use a condom when engaging in paid sex. There were 3 males who gave no response. If risky sexual behavior is defined in terms of not using a condom most of the time or all the time (always), then half or 15 of the 32 males can be described as engaging in risky sexual behaviors. Most at risk are the 5 males who never use a condom during paid sex in the last 3 months. In summary, roughly 3 out of every 10 males always use a condom when engaging in paid sex while around 5 out of every 10 males do not use a condom regularly (replying sometimes, rarely, and never).

Comment: While unprotected sex with a sex worker (whether the person engages in paid sex casually or regularly) puts a person at particularly high risk of HIV, other partners of clients of sex workers/members of client's sexual networks are at risk of HIV, too. It is therefore not quite clear why ONLY male condom use is reported here.

Comment: This is a very low total number – it might be important to analyse these men's interaction with other men or women.

Frequency of Condom Use when Receiving Pay for Sex

For condom use when receiving pay for sex, a third or 10 of the 29 males always use a condom in the past 3 months. Another 6 report sometimes or most of the time. And almost a third or 9 of the 29 males report rarely or never using a condom when receiving pay for sex. There were 4 males who did not

respond. Again, if risk is defined in terms of not using a condom most of the time or all the time, then almost half or 13 of the 29 males can be described as engaging in risky sexual behaviors. Most at risk are the 7 males who never use a condom when receiving pay for sex in the last 3 months. In summary, roughly 3 out of every 10 males always use a condom when being paid for sex while around 4 out of every 10 males do not use a condom regularly (replying sometimes, rarely, and never).

Frequency of Condom Use during Sex while Intoxicated

Of the 175 males who report having sex while intoxicated in the past 3 months, only 13% always use a condom while 20% use a condom most of the time. One fourth or 25% never use a condom and another 20% rarely use a condom. 19% use a condom sometimes. If risky sexual behavior is defined in terms of not using a condom most of the time or all the time, then more than half or 55% of males who engage in sex while intoxicated are engaging in risky sexual behaviors. Most at risk are the 25% who never use a condom when having sex while intoxicated in the last 3 months. In summary, roughly 3 out of every 5 males do not use a condom regularly when engaging in sex while intoxicated (replying sometimes, rarely, and never).

Females who engage in sex while intoxicated report

lower frequency of condom use compared to males. Of the 77 females who report having sex while intoxicated in the past 3 months, only 4% always use a condom and another 8% use a condom most of the time. More than half or 52% never use a condom, 18% rarely, and 10% sometimes. Combined, around 4 out of every 5 females do not use a condom regular when engaging in sex while intoxicated (replying sometimes, rarely, and never).

Frequency of Condom Use during Sex while Using Drugs

Of the 16 males who report having sex while using drugs in the past 3 months, 6 never use a condom and only 2 always use a condom. 3 of the 16 males use a condom most of the time, 3 sometimes, and 2 rarely. Only 3 females report having sex while using drugs, with 2 females using a condom most of the time and 1 female never.

Γ Table 55: Frequency of Condom Use When Paying for Sex, Receiving Pay for Sex, Sex while Intoxicated, and Sex while Using Drugs in the Past 3 Months by Biological Sex and Age Group

Frequency of Condom Use during Vaginal Sex

Of the 129 male respondents who have engaged in vaginal sex in the past 3 months, 16% always use a condom, 17% use a condom most of the time, 18% sometimes, 19% rarely, and 23% never. 10 males had no response. On the assumption that not using a condom regularly during vaginal sex is risky behavior, 2 out of every 3 male call center employees or 60% are engaging in risky sexual behavior (never, rarely, or sometimes using a condom when engaging in vaginal sex). Note however that vaginal sex in this context may be with only one regular sexual partner, making it a non-risky sexual behavior if the regular sexual partner has not acquired HIV preciously and does not have unprotected sex with others.

Of the 146 female participants who report engaging in vaginal sex in the past 3 months, 8% always use a condom, 9% use a condom most of the time, 16% sometimes, and 17% rarely. The majority of females at 43% never use a condom during vaginal sex. 11 females gave no response. Again, assuming that not using a condom regularly during vaginal sex is risky behavior, 3 out of every 4 female call center employees or 75% are engaging in risky sexual behavior (never, rarely, or sometimes using a condom when engaging in vaginal sex). Note however that vaginal sex in this context may be with only one regular sexual partner, making it a non-risky sexual behavior.

Frequency of Condom Use during Anal Sex

Anal sex is a predominantly male sexual activity with 72 males and only 5 females engaging in either receptive or insertive anal sex in the past 3 months. As such, only male condom use is reported here.

Of the 71 males who engage in receptive anal sex, one fourth or 27% always use a condom, 18% most of the time, 22% sometimes, 8% rarely, and 17% never. Using irregular condom use as indicative of risky sexual behavior, 3 out of every 5 males having receptive anal sex or 48% are engaging in risky sexual behavior (using a condom sometimes, rarely, and never).

Of the 72 males who engage in insertive anal sex, one third or 35% always use a condom, 26% most of the time, 17% sometimes, 3% rarely, and 12% never. The majority at 60% are regular to almost regular condom users (using a condom always or most of the time). Equating irregular condom use with risky sexual behavior, around 2 out of every 6 males having insertive anal sex or 32% are engaging in risky sexual behavior (using a condom sometimes, rarely, and never).

Γ Table 56: Frequency of Condom Use during Vaginal and Anal Sex in the Past 3 Months by Biological Sex and Age Group

Frequency of Condom Use during Last Sex

Finally, participants were asked if they used a condom during the last time they had sex. Among male employees surveyed, 24% said "yes" while 74% said "no". Another 2% had no response. Among female employees surveyed, 15% said "yes" while 80% said "no". Another 5% had no response. As such, the majority of both male and female call center employees surveyed report that they did not use a condom during the last time they had sex.

Γ Table 57: Frequency of Condom Use during Last Sex by Biological Sex and Age Group

Reasons for Not Using a Condom during Last Sex

Respondents were asked to select among possible reasons why they did not use a condom during the last time they had sex. The five choices were as follows: "I did not think it was needed"; "I was with my girlfriend/boyfriend"; "I wanted to have sex right away"; 'There was no condom available"; and "My sexual partner did not want to use a condom". Respondents could specify other reasons for not using a condom. Multiple responses were allowed.

For male respondents, their reasons in order are as follows: "I did not think it was needed" (30%); "I was with my

girlfriend/boyfriend" (26%); "There was no condom available" (20%), "My sexual partner did not want to use a condom" (14%); "Others" (13%); and "I wanted to have sex right away" (12%). For female respondents, their reasons in order are as follows: "I was with my girlfriend/boyfriend" (32%); "I did not think it was needed" (30%); "My sexual partner did not want to use a condom" (23%); "Others" (15%); "There was no condom available" (12%); and "I wanted to have sex right away" (5%). More females report that their partner did not want to use a condom while more males report that there was no condom available and that they wanted to have sex right away. Among other reasons specified, the most popular reasons include not liking or being uncomfortable using a condom, being with a spouse or in a relationship, using natural methods, using contraceptives, and wanting to have a child.

Γ **Table 58A: Reasons for Not Using a Condom during Last Sex by Biological Sex**

Γ **Table 58B: Other Reasons for Not Using a Condom during Last Sex**

MSM versus Non-MSM

This section focuses on sexually active men or male call center employees who have engaged in sex. In particular, men who have sex with men (MSM) are compared with men who do not have sex with men (non-MSM). Reported sexual behavior was used as the criterion for creating the two groups. Of the entire sample of 334 male call center employees, 318 are sexually active. Of this 318, 159 men have engaged in sex with men and are subsequently classified as MSM in this study while 150 men only engage in sex with exclusively women and are categorized as non-MSM. There were nine participants that the researchers were not able to categorize.

Age of First Sexual Experience

The mean age of Non MSM's first sexual experience is 17.43 (*SD* = 3.1) and the MSM's mean age of first sexual experience is 16.15 (*SD = 3.7).* The mean difference is significant with t (289) = 3.186, p = .002 with MSM experiencing sex earlier than non-MSM. MSM call center employees had experienced sex as early as four years old while non-MSM call center employees experienced sex as early as eight years old.

Ever Paid For Sex

Among the 159 MSM, 28.3% have paid for sex. Among the 150 non-MSM, 24.7% have paid for sex. For both MSM and non-MSM, roughly 1 out of every 4 men pay for sex. The percentage of men who pay for sex increases with age for both

MSM and non-MSM.

Paid For Sex in the past 3 months

Within the past 3 months, 14.5% of MSM paid for sex compared to only 6% of non-MSM.

Been Paid for Sex in the past 3 months

Also within the past 3 months, 14% of MSM have received pay for sex compared to only 5% of non-MSM.

Γ Table 59: Non MSM and MSM's Frequency of Sexual Experience, Paying for Sex, and Having Been Paid for Sex by Age Group

Frequency of Sex within the past 3 months

Respondents were asked to indicate the number of times they have had sex in the past three months, choosing from none or 0x, once or 1x, 2x, 3x, 4x, 5x, 6-10x, 11-15x, 16-20x, or more than 20x. The modal response for MSM was an average of 6-10 times or roughly twice to thrice a month (17.0%). This was followed by two times the past three months (13.2%) and no sexual activity (11.9%). The modal response for non-MSM was an average of more than 20 times or approximately twice a week (20.0%) followed by three times in the last three months (14.7%) and a tie between 6-10x in three months (11.3) and no sexual activity (11.3%). Combining those who reported having

sex 11-15x, 16-20x, and more than 20x in the past 3 months, more non-MSM report frequent sex of at least once a week compared to MSM (31% vs. 21%). From the modal responses, non-MSM's sexual activity appears to be more frequent compared to MSM sexual behavior.

Γ Table 60: Non MSMs and MSMs' Frequency of Sex within the Past 3 Months

Frequency of Sex within the past 1 month

Within the past month, around one fifth of both MSM and non-MSM report no sexual activity (22.0% vs. 20.7%). As such, no sexual encounter within the past month was the modal response. This was followed by one sexual activity within the past month for both MSM and non-MSM (20.8% vs. 18.0%). Combining the respondents who answered 4x to more than 20x, the majority of both MSM and non-MSM engage in sex at least once a week to more than five times a week in the past month (29..5% vs. 39.4%).

Γ Table 61: Non MSMs and MSMs' Frequency of Sex within the Past 1 Month

Frequency of Paying for Sex in the past 3 months

More MSM have paid for sex in the past 3 months compared to non-MSM. Of the 23 MSM who have paid for sex, 11 respondents paid for sex three times or more for the last three months. Of the 9 non-MSM, only two paid for sex three times or more.

Γ Table 62: Non MSM and MSM's Frequency of Paying for Sex within the Past 3 Months

Frequency of Receiving Pay for Sex in the past 3 months

More MSM have received money for sex in the past 3 months compared to non-MSM. Of the 22 MSM who have received pay for sex, 7 have been paid once, 5 thrice, and 4 twice. Only 3 non-MSM have been paid for sex once in the last three months.

Γ Table 63: Non MSM and MSM's Frequency of Receiving Pay for Sex within the Past 3 Months

Place or Venue for Sex in the past 3 months

Following the observed pattern for the entire sample of call center employees, the majority or around 81% of MSM and 77% of non MSM respondents had sex in a house or private residence in the past 3 months. Roughly half or 48% of MSM

and 51% of non MSM participants had sex in a hotel or motel. Another 15% of MSM employees report having sex in a public place like a bar, club, movie house, or park, but only 3% of non-MSM participants. Seven MSM participants had sex in the workplace but only one non-MSM participant did this.

Γ Table 64: Non MSMs and MSMs' Place or Venue for Sex in the Past 3 Months

Multiple Sexual Partners within the past 12 months

Around 7 out of every 10 MSM have had more than 1 male sexual partner in the past year. Since by definition non-MSM do not have sex with men, they did not report having multiple male sexual partners. Non-MSM however report having multiple female sexual partners in the past 12 months more than MSM (54.7% vs. 11.9%).

Γ Table 64: Non MSM and MSM's Multiple Sexual Partners within the Past 12 Months

Extra-Relational Sex

As for having sex with a person who is not one's partner, 8 out of every 10 MSM (or 79.2%) have had sex with a male who is not their partner while 7 out of every 10 non-MSM

(or 70.0%) have had sex with a female who is not their partner. A third or 33.3% of MSM respondents also report having sex with a female who is not their partner. Extra-relational sex appears to be high for both MSM and non-MSM.

Γ Table 66: Non MSM and MSM's Extra-Relational Sex

Sex with Alcohol and Drug Use in the past 3 months

In general, there are more MSM than non-MSM who engage in sex while intoxicated in the past 3 months (61.0% vs. 49.3%) or had sex while using drugs in the past 3 months (5.7% vs. 4.7%). For MSM who have had sex while intoxicated, the percentage is higher for the older group aged 25 to 29 compared to those 20 to 24 years old (64% vs. 58%). For non-MSM who have had sex while intoxicated, the younger group of 20 to 24 had a higher percentage than those 25 to 29 years old (55% vs. 45%).

Γ Table 67: Non MSM and MSM's Sex with Alcohol and Drug Use in the Past 3 Months

Specific Sexual Behaviors in the past 3 months

Respondents were asked about specific sexual behaviors which they performed in the past 3 months. The choices were mutual masturbation, giving oral sex, vaginal sex, anal sex

(receptive), and anal sex (insertive).

More MSM engage in mutual masturbation than non-MSM (69% vs. 44%). That is, 7 out of every 10 MSM engage in mutual masturbation compared to 4 out of every 10 non-MSM. Among MSM, the percentage increases with younger age; with 75% of 20 to 24 years old compared to 63% of 25 to 29 years old engaging in mutual masturbation. Percentages for the same age groups were similar for the non-MSM at 43-42%.

More MSM give oral sex than non-MSM (79% vs. 37%). That is, 8 out of every 10 MSM give oral sex compared to 4 out of every 10 non-MSM. Given that MSM are men who have sex with men and non-MSM are men who only have sex with women, more non-MSM engage in vaginal sex than MSM (69% vs. 14%). It is notable that approximately 1 out of every 10 MSM engage in vaginal sex, implying that they engage in sex with both men and women.

Generally, only men who have sex with men or MSM engage in both receptive and insertive anal sex. Only three non-MSM report that they engage in insertive anal sex. Seventy one or 45% of MSM engage in receptive anal sex while 67 or 42% engage in insertive anal sex. That is, around 5 out of every 10 MSM play the receptive role in anal sex while 4 out of every 10 MSM play the insertive role in anal sex.

In summary, the specific sexual activities engaged in by men who have sex with men or MSM in order of frequency of respondents are giving oral sex (79%), mutual masturbation

(69%), receptive anal sex (45%), insertive anal sex (42%), and vaginal sex (14%). The majority of non-MSM on the other hand engage in vaginal sex (69%) followed by mutual masturbation (44%) and giving oral sex (37%). Non-MSM generally do not engage in anal sex.

Γ Table 68: Non MSM and MSM's
Specific Sexual Behaviors in the Past 3 Months

Frequency of Condom Use when Paying for Sex

In the past 3 months, only 23 MSM and 9 non-MSMs paid for sex. Frequency of condom use was generally spread out across the 23 MSM with 5 never, 4 rarely, 5 sometimes, 2 most of the time, and 5 always. Two did not respond. Among the 8 non-MSM, 6 report always using a condom.

Frequency of Condom Use when Receiving Pay for Sex

In the past 3 months, only 22 MSM and 7 non-MSM have received money for sex. Of the 22 MSM, 8 always use a condom, 1 most of the time, 4 sometimes, 2 rarely, and 5 never. Six did not reply. Of the 7 non-MSM, 2 report always using a condom.

Frequency of Condom Use during Sex while Intoxicated

The modal response for condom use when having sex

while intoxicated differed between MSM and non-MSM. Roughly one quarter or 25% of MSM never use a condom and another 17% rarely use a condom. Another 24% use a condom most of the time and 18% sometimes. Modal response was never for MSM. Around one fourth or 24% of non-MSM never use a condom and another 26% rarely use a condom. Another 22% sometimes and 16% use a condom most of the time. Modal response was rarely for non-MSM. For both MSM and non-MSM, only 1 out of every 10 always use a condom (14% vs. 11%).

Frequency of Condom Use during Sex while Using Drugs

Only 9 MSM and 7 non-MSM report having sex while using drugs. Of the 9 MSM, 3 use a condom most of the time, 2 always, and 2 never. Of the 5 non-MSM, 2 use sometimes and 4 never.

Γ Table 69: Non MSM and MSM's Condom Use When Paying for Sex, Receiving Pay for Sex, Sex while Intoxicated, & Sex while Using Drugs in the past 3 months by Age Group

Frequency of Condom Use during Vaginal Sex

Of the 103 non-MSM who engage in vaginal sex in the

past 3 months, almost half at 49% rarely or never use a condom. Another 18% report sometimes, 14% most of the time, and 11% always. Another 10% did not respond. Of the 22 MSM who engage in vaginal sex, more than half or 13 respondents use a condom always or most of the time, 5 sometimes, 1 rarely, and 3 never.

Frequency of Condom Use during Anal Sex

Only three non-MSM report engaging in *insertive* anal sex, with one always using a condom, the other sometimes, and the last one never. Of the 71 MSM who engage in *receptive* anal sex, 27% always use a condom, 18% most of the time, 23% sometimes, 9% rarely, and 17% never. Another 7% did not respond. Almost half of MSM who play the *receptive* role in anal sex use a condom always or most of the time. Of the 67 MSM who engage in *insertive* anal sex, 34% always use a condom, 27% most of the time, 16% sometimes, 3% rarely, and 12% never. Another 8% did not respond. More than half of MSM who play the *insertive* role in anal sex use a condom always or most of the time.

Γ Table 70: Non MSM and MSM's Condom Use during Vaginal and Anal Sex in the Past 3 Months by Age Group

Frequency of Condom Use during Last Sex

The majority of both MSM and non-MSM did not use a condom the last time they had sex (71% vs. 77%). Around 28% of MSM and 20% of non-MSM report using a condom. Hence, more MSM than non-MSM used a condom the last time they had sex.

Γ Table 71: Non MSM and MSM's Condom Use during Last Sex by Age Group

Reasons for Not Using a Condom during Last Sex

Roughly following the trend for the entire sample of call center employees, around 1 out of ten of MSM (32%) and non-MSM (30%) thinks that the condom was not needed the last time they had sex. The second top reason is "I was with my girlfriend/boyfriend" but more non-MSM giving this reason then MSM (31% vs. 20%). Unlike the general pattern of the entire sample, the third reason is "There was no condom available" but this time with more MSM giving this reason than non-MSM (22% vs. 17%). Other reasons are "My sexual partner did not want to use a condom" with more MSM than non-MSM (20% vs. 31%); "I wanted to have sex right away" with more MSM than non-MSM (14.2% vs. 9.6%); and other responses with more non-MSM this time than MSM (15% vs. 12.4%).

Among other reasons specified, non MSM report that

they did not use condoms because they are using natural method and wanting to have a child. MSM, on the other hand, report less pleasure and no insertion (kissing, masturbation, and oral sex) thus thinking that a condom was not required.

Among other reasons specified, the most popular reasons include not liking or being uncomfortable using a condom, being with a spouse or in a relationship, using natural methods, using contraceptives, and wanting to have a child.

Table 72: Non MSM and MSM's Reasons for Not Using a Condom during Last Sex

Γ Table Attachments

Table 45: Frequency of Sexual Experience, Paying for Sex, and Having Been Paid for Sex by Biological Sex and Age Group.

	Ever Had Sex		Paid for Sex		Paid for Sex (3 Months)		Been Paid for Sex (3 Months)	
	f	%	f	%	f	%	f	%
Males								
15 to 19 yrs. old (n = 3)	3	*100*	1	*33.3*	1	*33.3*	1	*33.3*
20 to 24 yrs. old (n = 149)	137	*91.9*	30	*21.9*	12	*8.8*	11	*8.0*
25 to 29 yrs. old (n = 156)	153	*98.1*	43	*28.1*	17	*1.1*	15	*9.8*
30 yrs. and above (n = 26)	25	*96.2*	9	*36.0*	2	*8.0*	2	*6.9*
TOTAL (n = 334)	318	*95.2*	83	*26.1*	32	*10.1*	29	*9.1*
Females								
15 to 19 yrs. Old (n = 13)	10	*76.9*	0	*0.0*	0	*0.0*	0	*0.0*
20 to 24 yrs. Old (n = 131)	91	*69.5*	0	*0.0*	0	*0.0*	2	*2.2*
25 to 29 yrs. Old (n = 138)	111	*80.4*	1	*0.9*	1	*0.9*	2	*2.2*
30 yrs. and above (n = 34)	30	*88.2*	0	*0.0*	0	*0.0*	0	*0.0*
TOTAL (n = 316)	242	*76.6*	1	*0.4*	1	*0.4*	4	*1.7*
Both sexes								
15 to 19 yrs. Old (n = 16)	13	*81.3*	1	*7.7*	1	*7.7*	1	*7.7*
20 to 24 yrs. Old (n = 280)	228	*81.4*	30	*13.2*	12	*5.3*	13	*5.7*
25 to 29 yrs. Old (n = 294)	264	*89.8*	44	*16.7*	18	*6.8*	17	*6.4*
30 yrs. and above (n = 60)	55	*91.7*	9	*15.0*	2	*3.6*	2	*3.6*
TOTAL (n = 650)	560	*86.2*	84	*15.0*	33	*5.9*	33	*5.9*

Table 46: Frequency of Sex within the past 3 months by Biological Sex.

	Males		Females		Both Sexes	
	f	%	f	%	f	%
None	36	*11.3*	28	*11.6*	64	*11.4*
Once	24	*7.5*	31	*12.8*	55	*9.8*
2x	35	*11*	19	*7.9*	54	*9.6*
3x	34	*10.7*	24	*9.9*	58	*10.4*
4x	18	*5.7*	13	*5.4*	31	*5.5*
5x	28	*8.8*	19	*7.9*	47	*8.4*
6-10x	44	*13.8*	36	*14.9*	80	*14.3*
11-15x	21	*6.6*	17	*7.0*	38	*6.8*
16-20x	9	*2.8*	11	*4.5*	20	*3.6*
More than 20x	50	*15.7*	22	*9.1*	72	*12.9*
No Response	19	*6.0*	22	*9.1*	41	*7.3*
Total	318	*100*	242	*100*	560	*100*

Table 47: Frequency of Sex within the past 1 month by Biological Sex

	Males		Females		Both Sexes	
	f	%	f	%	f	%
None	67	*21.1*	66	*27.3*	133	*23.8*
Once	61	*19.2*	40	*16.5*	101	*18.0*
2x	44	*13.8*	29	*12.0*	73	*13.0*
3x	33	*10.4*	21	*8.7*	54	*9.6*
4x	14	*4.4*	23	*9.5*	37	*6.6*
5x	25	*7.9*	14	*5.8*	39	*7.0*
6-10x	26	*8.2*	21	*8.7*	47	*8.4*
11-15x	14	*4.4*	10	*4.1*	24	*4.3*
16-20x	6	*1.9*	1	*0.4*	7	*1.3*
More than 20x	13	*4.1*	4	*1.7*	17	*3.0*
No Response	15	*4.7*	13	*5.4*	28	*5.0*
Total	318	*100*	242	100	560	*100*

Table 48: Frequency of Paying for Sex within the past 3 months by Biological Sex

	Males		Females		Both Sexes	
	f	%	f	%	f	%
None	2	*6.3*	0	*0.0*	2	*6.1*
Once	8	*25.0*	0	*0.0*	8	*24.2*
2x	9	*28.1*	0	*0.0*	9	*27.3*
3x	7	*21.9*	0	*0.0*	7	*21.2*
4x	3	*9.4*	0	*0.0*	3	*9.1*
5x	1	*3.1*	1	*100*	2	*6.1*
No Response	2	*6.3*	0	*0.0*	2	*6.1*
Total	32	*100*	1	*100*	33	*100*

Table 49: Frequency of Receiving Pay for Sex within the past 3 months by Biological Sex

	Males		Females		Both Sexes	
	f	%	f	%	f	%
None	0	*0.0*	0	*0.0*	0	*0.0*
Once	10	*34.5*	1	*25.0*	11	*33.3*
2x	7	*24.1*	0	*0.0*	7	*21.2*
3x	5	*17.2*	0	*0.0*	5	*15.2*
4x	0	*0.0*	0	*0.0*	0	*0.0*
5x	1	*3.4*	0	*0.0*	1	*3.0*
6x or more	2	*6.9*	1	*25.0*	3	*9.1*
No Response	4	*13.8*	2	*50.0*	6	*18.2*
Total	29	*100*	4	*100*	33	*100*

Table 50: Place or Venue for Sex in the past 3 months by Biological Sex

	Males (n=318)		Females (n=242)		Both Sexes (n=560)	
	f	%	f	%	f	%
In a house or private residence	253	*79.6*	179	*74*	432	*77.1*
In a hotel/motel	156	*49.1*	94	*38.8*	250	*44.6*
In a public place like a bar/club, movie house, or park	29	*9.1*	6	*2.5*	35	*6.3*
Others	14	*4.4*	7	*2.9*	21	*3.8*
In the workplace	8	*2.5*	2	*0.8*	10	*1.8*

Table 51: Number of Sexual Partners within the past 12 months by Biological Sex

	Males		Females		Both Sexes	
	f	%	f	%	f	%
Number of male sexual partner within the past 12 months						
More than 1	110	*34.6*	59	*24.4*	169	*30.2*
One partner	25	*7.9*	143	*59.1*	168	*30.0*
None	69	*21.7*	23	*9.5*	92	*16.4*
No response	37	*11.6*	9	*3.7*	46	*8.2*
Not applicable	77	*24.2*	8	*3.3*	85	*15.2*
TOTAL	318	*56.8*	242	*43.2*	560	*100*
Number of female sexual partner within the past 12 months						
More than 1	101	*31.8*	16	*6.6*	117	*20.9*
One partner	72	*22.6*	10	*4.1*	82	*14.6*
None	93	*29.2*	79	*32.6*	172	*30.7*
No response	18	*5.7*	28	*11.6*	46	*25.5*
Not applicable	34	*10.7*	109	*45.0*	143	*8.2*
TOTAL	318	*56.8*	242	*43.2*	560	*100*

Table 52: Extra-Relational Sex by Biological Sex

	Males		Females		Both Sexes	
	f	%	f	%	f	%
Sex with a Female not GF/Partner	**160**	***50.3***	**17**	***7.0***	**177**	***31.6***
Sex with a Male not BF/ Partner	**126**	***39.6***	**82**	***33.9***	**208**	***37.1***

Table 53: Sex with Alcohol and Drug Use in the Past 3 months by Biological Sex and Age Group

	Sex while Drunk (Past 3 Months)		Sex while Using Drugs (Past 3 Months)	
	f	%	f	%
Males (n=318)				
15 to 19 yrs. old	3	*100*	1	*33.3*
20 to 24 yrs. old	76	*55.5*	9	*8.8*
25 to 29 yrs old	83	*54.2*	5	*3.3*
30 yrs. & above	13	*52*	1	*4.0*
TOTAL	175	*55*	16	*5.0*
Females (n=242)				
15 to 19 yrs. old	4	*40*	0	*0.0*
20 to 24 yrs. old	32	*35.2*	0	*0.0*
25 to 29 yrs old	32	*28.8*	3	*2.7*
30 yrs. & above	9	*30.0*	0	*0.0*
TOTAL	77	*31.8*	3	*1.2*
Both sexes (n=560)				
15 to 19 yrs. old	7	*53.8*	1	*7.7*
20 to 24 yrs. old	108	*47.4*	9	*3.9*
25 to 29 yrs old	115	*43.6*	8	*3.0*
30 yrs. & above	22	*40.0*	1	*1.8*
TOTAL	252	*45*	19	*3.4*

Table 54: Specific Sexual Behaviors in the past 3 month by Biological Sex and Age Group

	Mutual Masturbation (Past 3 Months		Give Oral Sex (Past 3 Months)		Vaginal Sex (Past 3 Months)		Anal Sex Receptive (Past 3 Months)		Anal Sex Insertive (Past 3 Months)	
	f	%	f	%	f	%	f	%	f	%
Males										
15 to 19 yrs. old	3	*100*	2	*66.7*	1	*33.3*	2	*66.7*	1	*33.3*
20 to 24 yrs. old	85	*62*	75	*54.7*	45	*32.8*	33	*24.1*	32	*23.4*
25 to 29 yrs old	78	*51*	93	*60.8*	72	*47.1*	33	*21.6*	37	*24.2*
30 yrs. & above	14	*56*	12	*48.0*	11	*44.0*	3	*12.0*	2	*8.0*
TOTAL	180	*56.6*	182	*57.2*	129	*40.6*	71	*22.3*	72	*22.6*
Females										
15 to 19 yrs. old	5	*50*	8	*80*	6	*60*	0	*0.0*	NA	*NA*
20 to 24 yrs. old	32	*35.2*	49	*53.8*	55	*60.4*	1	*1.1*	NA	*NA*
25 to 29 yrs old	24	*21.6*	40	*36.0*	66	*59.5*	3	*2.7*	NA	*NA*
30 yrs. & above	7	*23.3*	15	*50.0*	19	*63.3*	1	*3.3*	NA	*NA*
TOTAL	68	*28.1*	112	*46.3*	146	*60.3*	5	*2.1*	NA	*NA*
Both sexes										
15 to 19 yrs. old	8	*61.5*	10	*76.9*	7	*53.8*	2	*15.4*	1	*7.7*
20 to 24 yrs. old	117	*51.3*	124	*54.4*	100	*43.9*	34	*14.9*	32	*14.0*
25 to 29 yrs old	102	*38.6*	133	*50.4*	138	*52.3*	36	*13.6*	37	*14.0*
30 yrs. & above	21	*38.2*	27	*49.1*	30	*54.5*	4	*7.3*	2	*3.6*
TOTAL	248	*44.3*	294	*52.5*	275	*49.1*	76	*13.6*	72	*12.9*

Table 55: Frequency of Condom Use When Paying for Sex, Receiving Pay for Sex, Sex while Intoxicated, and Sex while Using Drugs in the past 3 months by Biological Sex and Age Group

	Condom Use When Paid for Sex 3 Months		Condom Use When Been Paid for Sex - 3 Months		Condom Use When Having Sex while Drunk - Past 3 Months		Condom Use When Having Sex while Using Drugs - Past 3 Months	
	f	%	f	%	f	%	f	%
Males								
Always	11	*34,4*	10	*34.5*	23	*13.1*	2	*12.5*
Most of the Time	3	*9.4*	2	***6.9***	35	*20.0*	3	*18.8*
Sometimes	5	*15.6*	4	*13.8*	34	*19.4*	3	*18.8*
Rarely	5	*15.6*	2	*6.9*	35	*20.0*	2	*12.5*
Never	5	*15.6*	7	*24.1*	44	*25.1*	6	*37.5*
No Response	3	*9.4*	4	*13.8*	4	*2.3*	0	*0.0*
TOTAL	**32**	***97.0***	**29**	***87.9***	**175**	***69.4***	**16**	***84.2***
Females								
Always	0	*0.0*	0	*0.0*	3	*3.9*	0	*0.0*
Most of the Time	0	*0.0*	1	*25.0*	6	*7.8*	2	*66.7*
Sometimes	1	*100*	0	*0.0*	8	*10.4*	0	*0.0*
Rarely	0	*0.0*	0	*0.0*	14	*18.2*	0	*0.0*
Never	0	*0.0*	1	*25.0*	40	*51.9*	1	*33.3*
No Response	0	*0.0*	2	*50.0*	6	*7.8*	0	*0.0*
TOTAL	**1**	***3.0***	**4**	***12.1***	**77**	***30.6***	**3**	***15.8***
Both Sexes								
Always	11	*33.3*	10	*30.3*	26	*10.3*	2	*10.5*
Most of the Time	3	*9.1*	3	*9.1*	41	*16.3*	5	*26.3*
Sometimes	6	*18.2*	4	*12.1*	42	*16.7*	3	*15.8*
Rarely	5	*15.2*	2	*6.1*	49	*19.4*	2	*10.5*
Never	5	*15.2*	8	*24.2*	84	*33.3*	7	*36.8*
No Response	3	*9.1*	6	*18.2*	10	*4.0*	0	*0.0*
TOTAL	33	*100*	33	*100*	252	*100*	19	*100*

Table 56: Frequency of Condom Use during Vaginal and Anal Sex in the past 3 months by Biological Sex and Age Group

	Vaginal Sex Past 3 Months		Anal Sex – Receptive Past 3 Months		Anal Sex - Insertive Past 3 Months	
	f	%	f	%	f	%
Males						
Always	20	*15.5*	19	*26.8*	25	*34.7*
Most of the Time	22	*17.1*	13	*18.3*	19	*26.4*
Sometimes	23	*17.8*	16	*22.5*	12	*16.7*
Rarely	24	*18.6*	6	*8.5*	2	*2.8*
Never	30	*23.3*	12	*16.9*	9	*12.5*
No Response	10	*7.8*	5	*7.0*	5	*6.9*
TOTAL	129	*46.9*	71	*93.4*	72	*100*
Females						
Always	12	*8.2*	0	*0.0*	NA	*NA*
Most of the Time	13	*8.9*	2	*40.0*	NA	*NA*
Sometimes	23	*15.8*	0	*0.0*	NA	*NA*
Rarely	25	*17.1*	0	*0.0*	NA	*NA*
Never	62	*42.5*	3	*60.0*	NA	*NA*
No Response	11	*7.5*	0	*0.0*	NA	*NA*
TOTAL	146	*53.1*	5	*6.6*	NA	*NA*
Both Sexes						
Always	32	*11.6*	19	*25.0*	25	*34.7*
Most of the Time	35	*12.7*	15	*19.7*	19	*26.4*
Sometimes	46	*16.7*	16	*21.1*	12	*16.7*
Rarely	49	*17.8*	6	*7.9*	2	*2.8*
Never	92	*33.5*	15	*19.7*	9	*12.5*
No Response	21	*7.6*	5	*6.6*	5	*6.9*
TOTAL	275	*100*	76	*100*	72	*100*

Table 57: Frequency of Condom Use during Last Sex by Biological Sex and Age Group

	Yes		No		No Response	
	f	%	f	%	f	%
Males						
15 to 19 yrs. old	0	*0.0*	3	*100*	0	*0.0*
20 to 24 yrs. old	31	*22.6*	101	*73.7*	5	*3.6*
25 to 29 yrs old	38	*24.8*	113	*73.9*	2	*1.3*
30 yrs. & above	7	*9.2*	17	*68.0*	1	*4.0*
TOTAL	76	*23.9*	234	*73.6*	8	*2.5*
Females						
15 to 19 yrs. old	2	*20.0*	8	*80.0*	0	*0.0*
20 to 24 yrs. old	15	*16.5*	71	*78.0*	5	*5.5*
25 to 29 yrs old	16	*14.4*	89	*80.2*	6	*5.4*
30 yrs. & above	4	*13.3*	26	*86.7*	0	*0.0*
TOTAL	37	*15.3*	194	*80.2*	11	*4.5*
Both sexes						
15 to 19 yrs. old	2	*15.4*	11	*84.6*	0	*0.0*
20 to 24 yrs. old	46	*20.2*	172	*75.4*	10	*4.4*
25 to 29 yrs old	54	*20.5*	202	*76.5*	8	*3.0*
30 yrs. & above	11	*20.0*	43	*78.2*	1	*5.3*
TOTAL	113	*20.2*	428	*76.4*	19	*3.4*

Table 58A: Reasons for Not Using a Condom during Last Sex by Biological Sex

	Males (n=234)		Females (n=194)		Both Sexes (n=428)	
	f	%	f	%	f	%
I did not think it was needed	71	*30.3*	58	*29.9*	129	*30.1*
I was with my girlfriend/boyfriend	62	*26.5*	62	*32.0*	124	*29.0*
My sexual partner did not want to use a condom	34	*14.5*	45	*23.2*	79	*18.5*
There was no condom available	46	*19.7*	24	*12.4*	70	*16.4*
Others	31	*13.2*	29	*14.9*	60	*14.0*
I wanted to have sex right away	28	*12.0*	10	*5.2*	38	*8.9*

Table 58B: Other Reasons for Not Using a Condom during Last Sex

	f	%
Didn't like it/ Uncomfortable/ No incentive/ Allergic	13	*11.7*
Doing with spouse or in a relationship	12	*18.3*
Using natural methods (e.g. withdrawal method, calendar method)	9	*13.3*
Want to get pregnant / want to bear a child/ already pregnant	7	*10*
Using other contraceptives (e.g. pills)	6	*10*
No actual intercourse	4	*6.7*
Own opinion/ choice	2	*1.7*
We were both females	2	*3.3*
I forgot	1	*1.7*
Anal sex	1	*1.7*
No Response	3	*5*
TOTAL	60	*100*

Table 59: Non MSMs and MSMs' Frequency of Sexual Experience, Paying for Sex, and Having Been Paid for Sex by Age Group

	Ever Had Sex		Paid for Sex		Paid for Sex (3 Months)		Been Paid for Sex (3 Months)	
	f	%	f	%	f	%	f	%
Non MSMs								
15 to 19 yrs. old	1	*0.7*	0	*0.0*	0	*0.0*	1	*14.3*
20 to 24 yrs. old	53	*35.3*	12	*32.4*	3	*33.3*	2	*28.6*
25 to 29 yrs. old	82	*54.7*	21	*56.8*	5	*55.6*	3	*42.9*
30 yrs. and above	14	*9.3*	4	*10.8*	1	*11.1*	1	*14.3*
TOTAL	150	*100*	37	*24.7*	9	*6.0*	7	*4.7*
MSMs								
15 to 19 yrs. old	2	*100*	1	*50.0*	1	*50.0*	0	*0.0*
20 to 24 yrs. old	76	*100*	17	*22.4*	9	*11.8*	9	*11.8*
25 to 29 yrs. old	70	*100*	22	*31.4*	12	*17.1*	12	*17.1*
30 yrs. and above	11	*100*	5	*45.5*	1	*9.1*	1	*9.1*
TOTAL	159	*100*	45	*28.3*	23	*14.5*	22	*13.8*

Note: There were nine participants that the researchers were not able to categorize.

Table 60: Non MSMs and MSMs' Frequency of Sex within the past 3 months

	Non MSMs		MSMs	
	f	%	f	%
None	17	*11.3*	19	*11.9*
Once	10	*6.7*	14	*8.8*
2x	12	*8.0*	21	*13.2*
3x	22	*14.7*	12	*7.5*
4x	9	*6.0*	9	*5.7*
5x	9	*6.0*	19	*11.9*
6-10x	17	*11.3*	27	*17.0*
11-15x	11	*7.3*	10	*6.3*
16-20x	5	*3.3*	4	*2.5*
More than 20x	30	*20.0*	19	*11.9*
No Response	8	*5.3*	5	*3.1*
Total	150	*100*	159	*100*

Note: There were nine participants that the researchers were not able to categorize.

Table 61: Non MSMs and MSMs' Frequency of Sex within the past 1 month

	Non MSMs		MSMs	
	f	%	f	%
None	31	*20.7*	35	*22*
Once	27	*18.0*	33	*20.8*
2x	20	*13.3*	24	*15.1*
3x	13	*8.7*	20	*12.6*
4x	7	*4.7*	7	*4.4*
5x	13	*8.7*	12	*7.5*
6-10x	12	*8.0*	14	*8.8*
11-15x	8	*5.3*	5	*3.1*
16-20x	4	*2.7*	2	*1.3*
More than 20x	8	*5.3*	5	*3.1*
No Response	7	*4.7*	2	*1.3*
Total	150	*100*	159	*100*

Note: There were nine participants that the researchers were not able to categorize.

Table 62: Non MSMs and MSMs' Frequency of Paying for Sex within the past 3 months

	Non MSMs		MSMs	
	f	%	f	%
None	0	*0.0*	2	*8.7*
Once	4	*44.4*	4	*17.4*
2x	3	*33.3*	6	*26.1*
3x	0	*0.0*	7	*30.4*
4x	1	*11.1*	2	*8.7*
5x	0	*0.0*	1	*4.3*
No Response	1	*11.1*	1	*4.3*
Total	9	*100*	23	*69.7*

Table 63: Non MSMs and MSMs' Frequency of Receiving Pay for Sex within the past 3 months

	Non MSMs		MSMs	
	f	%	f	%
None	3	*42.9*	0	*0.0*
Once	3	*42.9*	7	*31.8*
2x	0	*0.0*	4	*18.2*
3x	0	*0.0*	5	*22.7*
4x	0	*0.0*	0	*0.0*
5x	0	*0.0*	1	*4.5*
6x or more	0	*0.0*	2	*9.1*
No Response	1	*14.3*	3	*13.6*
Total	7	*100*	22	*66.7*

Table 64: Non MSMs and MSMs' Place or Venue for Sex in the past 3 months

	Non MSMs (n=150)		MSMs (n = 159)	
	f	%	f	%
In a house or private residence	116	*77.3*	129	*81.1*
In a hotel/motel	77	*51.3*	76	*47.8*
In a public place like a bar/club, movie house, or park	5	*3.3*	24	*15.1*
Others	6	*4.0*	8	*5.0*
In the workplace	1	*0.7*	7	*4.4*

Note: There were nine participants that the researchers were not able to categorize.

Table 65: Non MSMs and MSMs' Number of Sexual Partners within the past 12 months

	Non MSMs		MSMs	
	f	%	f	%
Frequency of male sexual partner within the past 12 months				
More than 1	0	*0.0*	110	*69.2*
One partner	0	*0.0*	25	*15.7*
None	53	*35.3*	16	*10.1*
No response	72	*48.0*	5	*3.1*
Not applicable	25	*16.7*	3	*1.9*
TOTAL	150	*100*	159	*100*
Frequency of female sexual partner within the past 12 months				
More than 1	82	*54.7*	19	*11.9*
One partner	47	*31.3*	25	*15.7*
None	13	*8.7*	80	*50.3*
No response	4	*2.7*	30	*18.9*
Not applicable	4	*2.7*	5	*3.1*
TOTAL	150	*100*	159	*100*

Note: There were nine participants that the researchers were not able to categorize.

Table 66: Non MSMs and MSMs' Extra-Relational Sex

	Non MSMs		MSMs	
	f	%	f	%
Sex with a Female not GF/Partner	105	*70.0*	53	*33.3*
Sex with a Male not BF/ Partner	0	*0.0*	126	*79.2*

Table 67: Non MSMs and MSMs' Sex with Alcohol and Drug Use in the past 3 month by Age Group

	Sex while Drunk (Past 3 Months)		Sex while Using Drugs (Past 3 Months)	
	f	%	f	%
Non MSMs				
15 to 19 yrs. old	1	*100*	0	*0.0*
20 to 24 yrs. old	29	*54.7*	4	*7.5*
25 to 29 yrs old	37	*45.1*	2	*2.4*
30 yrs. & above	7	*50.0*	1	*7.1*
TOTAL	74	*49.3*	7	*4.7*
MSMs				
15 to 19 yrs. old	2	*100*	1	*50.0*
20 to 24 yrs. old	44	*57.9*	5	*6.6*
25 to 29 yrs old	45	*64.3*	3	*4.3*
30 yrs. & above	6	*54.5*	0	*0.0*
TOTAL	97	*61.0*	9	*5.7*

Table 68: Non MSMs and MSMs' Specific Sexual Behaviors in the past 3 month by Age Group

	Mutual Masturbation (Past 3 Months		Give Oral Sex (Past 3 Months)		Vaginal Sex (Past 3 Months)		Anal Sex Receptive (Past 3 Months)		Anal Sex Insertive (Past 3 Months)	
	f	%	f	%	f	%	f	%	f	%
Non MSMs										
15 to 19 yrs. old	**1**	*100*	**0**	*0.0*	**1**	*100*	**0**	*0.0*	**0**	*0.0*
20 to 24 yrs. old	**24**	*45.3*	**14**	*26.4*	**32**	*60.4*	**0**	*0.0*	**1**	*1.9*
25 to 29 yrs old	**34**	*41.5*	**37**	*45.1*	**60**	*73.2*	**0**	*0.0*	**2**	*2.4*
30 yrs. & above	**7**	*50.0*	**5**	*8.9*	**10**	*71.4*	**0**	*0.0*	**0**	*0.0*
TOTAL	**66**	*44.0*	**56**	*37.3*	**103**	*68.7*	**0**	*0.0*	**3**	*2.0*
MSMs										
15 to 19 yrs. old	**2**	***100***	**2**	*100*	**0**	*0.0*	**2**	*100*	**1**	**50**
20 to 24 yrs. old	**57**	*75.0*	**61**	*80.3*	**10**	*13.2*	**33**	*43.4*	**29**	**38.2**
25 to 29 yrs old	**44**	*62.9*	**55**	*78.6*	**11**	*15.7*	**33**	*47.1*	**35**	**50**
30 yrs. & above	**7**	*63.6*	**7**	*63.6*	**1**	*9.1*	**3**	*4.2*	**2**	**18.2**
TOTAL	**110**	*69.2*	**125**	*78.6*	**22**	*13.8*	**71**	*44.7*	**67**	**42.1**

Table 69: Non MSMs and MSMs' **Condom Use When Paying for Sex, Receiving Pay for Sex, Sex while Intoxicated, and Sex while Using Drugs in the past 3 months by Age Group**

	Condom Use When Paid for Sex 3 Months		Condom Use When Been Paid for Sex - 3 Months		Condom Use When Having Sex while Drunk - Past 3 Months		Condom Use When Having Sex while Using Drugs - Past 3 Months	
	f	%	f	%	f	%	f	%
Non MSMs								
Always	**6**	*66.7*	**2**	*28.6*	**8**	*10.8*	**0**	*0.0*
Most of the Time	**1**	*11.1*	**1**	***14.3***	**12**	*16.2*	**0**	*0.0*
Sometimes	**0**	*0.0*	**0**	*0.0*	**16**	*21.6*	**2**	*28.6*
Rarely	**1**	*11.1*	**0**	*0.0*	**19**	*25.7*	**1**	*14.3*
Never	**0**	*0.0*	**1**	*14.3*	**18**	*24.3*	**4**	*57.1*
No Response	**1**	*11.1*	**3**	*42.9*	**1**	*1.4*	**0**	*0.0*
TOTAL	**9**	***100***	**7**	***100***	**74**	***100***	**7**	***100***
MSMs								
Always	**5**	*21.7*	**8**	*36.4*	**14**	*14.4*	**2**	*22.2*
Most of the Time	**2**	*8.7*	**1**	*4.5*	**23**	*23.7*	**3**	*33.3*
Sometimes	**5**	*21.7*	**4**	*18.2*	**17**	*17.5*	**1**	*11.1*
Rarely	**4**	*17,4*	**2**	*9.1*	**16**	*16.5*	**1**	*11.1*
Never	**5**	*21.7*	**1**	*4.5*	**24**	*24.7*	**2**	*22.2*
No Response	**2**	*8.7*	**6**	*27.3*	**3**	*3.1*	**0**	*0.0*
TOTAL	**23**	*100*	**22**	*100*	**97**	*100*	**9**	*100*

Table 70: Non MSMs and MSMs' **Condom Use during Vaginal and Anal Sex in the past 3 months by Biological Sex and Age Group**

	Vaginal Sex Past 3 Months		Anal Sex – Receptive Past 3 Months		Anal Sex - Insertive Past 3 Months	
	f	%	f	%	f	%
Non MSMs						
Always	11	*10.7*	0	*0*	1	*33.3*
Most of the Time	14	*13.6*	0	*0*	0	*0.0*
Sometimes	18	*17.5*	0	*0*	1	*33.3*
Rarely	23	*22.3*	0	*0*	0	*0.0*
Never	27	*26.2*	0	*0*	1	*33.3*
No Response	10	*9.7*	0	*0*	0	*0.0*
TOTAL	103	*100*	0	*0.0*	3	*100*
MSMs						
Always	**6**	***27.3***	**19**	***26.8***	**23**	***34.3***
Most of the Time	**7**	***31.8***	**13**	***18.3***	**18**	***26.9***
Sometimes	**5**	***22.7***	**16**	***22.5***	**11**	***16.4***
Rarely	**1**	***4.5***	**6**	***8.5***	**2**	***3.0***
Never	**3**	***12.6***	**12**	***16.9***	**8**	***11.9***
No Response	**0**	***0.0***	**5**	***7.0***	**5**	***7.5***
TOTAL	**22**	***100***	**71**	***100***	**67**	**100**

Table 71: Comparing Non MSMs and MSMs' Condom Use during Last Sex by Age Group

	Yes		No		No Response	
	f	%	f	%	f	%
Non MSMs						
15 to 19 yrs. old	0	*0.0*	1	*100*	0	*0.0*
20 to 24 yrs. old	9	*17.0*	41	*77.4*	3	*5.7*
25 to 29 yrs old	18	*22.0*	63	*76.8*	1	*1.2*
30 yrs. & above	3	*21.4*	10	*71.4*	1	*7.1*
TOTAL	30	*20.0*	115	*76.7*	5	*3.3*
MSMs						
15 to 19 yrs. old	0	*0.0*	2	*100*	0	*0.0*
20 to 24 yrs. old	21	*27.6*	54	*71.1*	1	*1.3*
25 to 29 yrs old	19	*27.1*	50	*71.4*	1	*1.4*
30 yrs. & above	4	*36.4*	7	*63.6*	0	*0.0*
TOTAL	44	*27.7*	113	*71.1*	2	1.3

Note: There were nine participants that the researchers were not able to categorize.

Table 72: Non MSMs and MSMs' Reasons for Not Using a Condom during Last Sex

	Non MSMs (n = 115)		MSMs (n – 113)	
	f	%	f	%
I did not think it was needed	37	*30.1*	34	*32.2*
I was with my girlfriend/boyfriend	36	*31.3*	22	*19.5*
My sexual partner did not want to use a condom	12	*10.4*	20	*17.7*
There was no condom available	20	*17.4*	25	*22.1*
Others	17	*14.8*	14	*12.4*
I wanted to have sex right away	11	*9.6*	16	*14.2*

STI and HIV/AIDs Knowledge and Attitudes of Call Center Employees

This section focuses on call center employees' knowledge, attitudes, and beliefs about STI or sexually-transmitted infections and HIV/AIDS or human immunodeficiency virus and acquired immune deficiency syndrome. The items for this section correspond to the following areas: (a) awareness of STI; (b) awareness of HIV/AIDS, (c) knowledge of examples and symptoms of STI, (d) beliefs about HIV/AIDS transmission; (e) beliefs about persons at risk of HIV/AIDS; (f) knowledge about HIV/AIDS

prevention, (g) other beliefs about HIV/AIDS; (h) concern with contracting STI; (i) concern with contracting HIV/AIDS); and (j) other STI and HIV/AIDS concerns.

Awareness of STI

The majority of the call center employees are aware of STI. Although around 70% have heard of STI, there are still 30% who are not aware or lack information about STI. These percentages are similar for males and females and for MSM and non-MSM.

Males and Females

For both sexes, 7 out of every 10 respondents have heard of STI while 3 out of 10 have not heard of STI. Looking at the percentages across age and gender, greatest awareness of STI is among 20 to 24 year old males (75%) and 25 to 29 year old females (78%). Among males, the percentage of respondents who are aware of STI decreases as age increases, from 75% of the 20-24 years old, to 69% of the 25-29 years old, to 58% among males 30 years old and above. In contrast, awareness of STI among females is highest among the 25-29 years old at 78%, followed by 65% of the 20-24 years old and 62% of females 30 years old and above. For both sexes, awareness of STI is lowest for the oldest age group of 30 and above. Minimal comparison is made with the 15-19 years old group because of the very small sample size.

Γ Table 73: Awareness of STI & HIV/AIDS by Biological Sex and Age Group

MSM and Non-MSM

Roughly 70% of both MSM and non-MSM have heard of STI. However, there remains 30% who are unaware or uninformed of STI. Among MSM, the younger MSM are more aware of STI than their older counterparts with percentage of awareness decreasing with age. Compared to the 76% 20-24 year old MSM who are aware of STI, only 64% of the 25-29 and 55% of the 30 and above MSM are aware of STI. This is also similar for the non-MSM, participants in the age of 20 to 24 years old are the most aware at 74% but closely followed by the 25-29 years old at 73%. However, the percentage drops for non-MSM in their 30s at 57%. For both MSM and non-MSM, awareness of STI is lowest for the oldest age group. Minimal comparison is made with the 15-19 years old group because of the very small sample size.

Γ Table 74: Comparing Non MSMs and MSMs' Awareness of STI & HIV/AIDS by Age Group

🗎 Awareness of HIV/AIDS

A greater number of call center employees are aware of HIV/AIDS compared to STI with 84% of respondents reporting awareness of HIV/AIDS compared to only 70% who have heard of STI. Still, 16% of the participants are not aware of HIV/AIDS. The percentages are similar for males and females but slightly different for MSM and non-MSM, with more non-MSM reporting awareness of HIV/AIDS compared to MSM (86% vs. 82%).

Males and Females

Eight of 10 or 84% of both sexes have heard of HIV/AIDS while 16% or 2 of 10 are not aware of or are not informed about HIV/AIDS. Among males, awareness is highest for the younger group of 20 to 24 year old males at 87% compared to the 80% of the 25 to 29 and the 81% of the 30 and above. In contrast, awareness of HIV/AIDS is greatest for 25 to 29 year old females at 88% compared to 83% among the 20 to 24 and 82% of the 30 and above. A similar age across gender pattern exists for awareness of STI and HIV/AIDS.

MSM and Non-MSM

There are more non-MSM or men who only have sex with women who have heard of HIV/AIDS compared to MSM or men who have sex with men. Around 86% of non-MSM are aware of HIV/AIDS compared to 82% of MSM respondents. Consequently, 1 of every 10 non-MSM remains unaware of

HIV/AIDS and 2 out of every 10 MSM have not heard of HIV/AIDS. Among MSM, the 20-24 year old group is most aware (87%) followed by the 30 and above group (82%) while the 25-29 year old group is least aware (76%). Among non-MSM, a very similar pattern across ages, 87% of the 20-24 year old participants are aware of HIV/AIDS followed closely by 86% of both the 25-29 and 30 and above respondents who have heard of HIV/AIDS.

Knowledge of STI

Examples of STI

Respondents were asked to identify which among a set of diseases are sexually transmitted infections or STI. The choices include four diseases that are considered STI namely (a) HIV/AIDS, (b) syphilis, (c) herpes, and (d) gonorrhea; and another five diseases that are not considered STI namely (a) hepatitis A, (b) cancer, (c) tuberculosis, (d) malaria, and (e) dengue. As such, identifying HIV/AIDS, syphilis, herpes and gonorrhea as STI would reflect correct knowledge whereas identifying the other five choices as STI would imply incorrect knowledge.

The data suggest that around 50 to 60% of the call center respondents could accurately identify the four sexually transmitted infections or STI. Around 60% of both sexes

correctly identify HIV/AIDS as an STI; 59%, syphilis; 57%, herpes; and 50%, gonorrhea. However, 40 to 50% among the participants do not consider the above diseases as sexually transmitted infections. That is, around half of the respondents lack information about STI. A non-response may imply uncertainty or incorrect knowledge. Very few incorrectly identify the other diseases as STI: hepatitis A (14%), cancer (6%), tuberculosis (6%), malaria (5%), and dengue (3%). This implies that majority of the respondents generally know that these five diseases can not be transmitted sexually. Minimal differences were observed between males and females.

Γ Table 75: Examples of STIs by Biological Sex

Symptoms of STI

Respondents were asked to identify the symptoms of STI from a list of choices as follows: itching in the genital area, penile/vaginal discharge, feeling of weakness/getting sickly, painful urination, sores in the genital area or sexual organ, abdominal pain, body sores, foul smelling discharge, swellings in the groin area, and none. The responses in order of percentage for both sexes are: (1) painful urination at 62%, (2) sores in the genital area at 61%, (3) penile/vaginal discharge at 60%, (4) itching in the genital area at 59%, (5) foul smelling discharge (58%), and (6) swellings in the groin area at 50%. At

least half of the respondents correctly identified the above items as symptoms of STI. Only 35% correctly recognized abdominal pain as a symptom. Some answered feelings of weakness (41%) and body sores (31%), which are both incorrect.

In general, a higher percentage of males identified all possible choices as symptoms of STI compared to females. Differences greater than 5% were observed for penile or vaginal discharge (64% of males vs. 55% of females), painful urination (66% vs. 58%), and itching in the genital area (63% vs. 55%). Around 10% of males did not consider any of the items as symptoms of STI compared to only 4% of females.

Γ Table 76: Symptoms of STIs by Biological Sex

Beliefs and Knowledge about HIV/AIDS

Transmission

Respondents were asked about their beliefs about how HIV/AIDS is transmitted. They were asked to indicate agreement with a list of statements. Among the choices, only "having sexual intercourse with someone who is infected with HIV/AIDS" is a clearly accurate statement of how HIV/AIDS can be transmitted. Two items are possible non-sexual modes of transmitting HIV/AIDS but only if the blood or needle is

infected: "through blood transfusion" and "through injection". These items may reflect recognition of risk as well as knowledge that HIV/AIDS is transmitted through blood. Transmission can also be in sexual mode if unprotected (i.e. without condom) as stated in the item, "having sexual intercourse with someone who is infected with HIV/ AIDS".

Eight items are myths or incorrect beliefs about how HIV/AIDS is acquired: "through kissing", "through mosquito bites", "by sitting on public toilet bowls", "through the air", "being in the same room with someone who is infected with HIV/AIDS", "sharing a meal with someone who is infected with HIV/AIDS", "shaking the hands of someone who is infected with HIV/AIDS", and "kissing someone who is infected with HIV/AIDS". The latter 4 items reflect stigma towards an HIV-infected person.

Three items may reflect misconceptions about HIV/AIDS transmission as well as stigma towards specific groups: "through sexual intercourse with sex workers or prostitutes", "through sexual intercourse with more than one partner", and "through sexual intercourse with the same sex". However, these items may also reflect recognition of risk of HIV/AIDS transmission when having sex with a sexual partner whose HIV status is unknown. These items may also indicate stigma associated with (a) sex workers, (b) individuals with multiple sex partners, and (c) LGBT (lesbian, gay, bisexual, transgender) or MSM (men who have sex with men).

In general, a greater percentage of females agree to all the possible ways of transmitting HIV/AIDS except for three items: "intercourse with the same sex", "through mosquito bites", and "through the air". This may suggest that females are more vigilant or careful about HIV/AIDS transmission. This may also imply a greater prevalence of myths and misconceptions about HIV/AIDS among females.

More females correctly identify "having sexual intercourse with someone who is infected with HIV/AIDS" as a means of transmitting HIV/AIDS compared to males. More than 86% of females compared to around 80% of males believe the statement to be true. Still, 14% of females and 20% of males do not consider the above to be a behavior that puts one at risk of HIV/AIDS. That is, 1 out of every 10 females and 2 out of every 10 males who were surveyed lack accurate information about HIV/AIDS. A non-response may imply uncertainty or a lack of knowledge about how HIV/AIDS is transmitted.

Around 84% of all respondents believe that HIV/AIDS can be transmitted through blood transfusion, roughly the same percentage for both sexes. While 79% of all participants believe that HIV/AIDS is acquired through injection, with a greater percentage for females than males, 82% and 76% respectively.

For myths and misconceptions about HIV/AIDS, around 20% of call center employees surveyed believe that HIV/AIDS can be transmitted through kissing. Another 20%

also believe it can be acquired through mosquito bites. About 16% think that one can be infected with HIV/AIDS by sitting on public toilet bowls. A few (7%) believe that it can be transmitted through the air. Females had higher percentages of agreeing to these myths except for mosquito bites. The numbers imply that at least 1 out of every 5 call center employees surveyed still believe in certain misconceptions about HIV/AIDS, particularly that it can be acquired through kissing or through mosquito bites.

For the set of misconceptions about HIV/AIDS related to stigma associated with an HIV-infected person, around 32% of the respondents believe that kissing an HIV-infected person can lead to contracting HIV/AIDS. Twenty-two percent believe that HIV/AIDS can be transmitted by sharing a meal with an HIV-infected person. Sixteen percent believe it can be acquired by being in the same room with an HIV-infected person. And 10% believe it can be transmitted by shaking hands with an HIV-infected person. Generally, more females than males agree to these misconceptions about HIV/AIDS with the following differences: 39% of females vs. 25% of males who believe in the "kissing" myth; 26% vs. 18% for the "sharing a meal" myth; 18% vs. 13% for the "same room" myth; and 11% vs. 10% for the "shaking hands" myth. The numbers may indicate the presence of prejudice towards HIV-infected persons and the lack of accurate information about how HIV/AIDS can be transmitted.

A huge percentage of all call center employees surveyed believe that HIV/AIDS is acquired through sexual intercourse with sex workers or prostitutes. This statement received the highest percentage of agreement at 85%. In addition, around 82% believe that HIV/AIDS is acquired through sex with more than one partner. This implies that around 8 out of every 10 respondents believe that HIV/AIDS is contracted through sex with sex workers or having multiple sex partners. Slightly more females agree to these statements compared to males. Responses may imply recognition of risk associated with sexual intercourse with any person whose HIV status is unknown, particularly those who are not one's romantic partner. Another 59% believe that HIV/AIDS is acquired through sexual intercourse with the same sex. In this case, markedly more males at 64% agree compared to females at 54%. This may be indicative of recognition of risk on one hand or of stigma on the other, by associating HIV/AIDS with persons who engage in sex with the same sex, i.e. MSM and LGBT.

Γ Table 77: Beliefs about HIV/AIDS Transmission by Biological Sex

Persons at Risk of HIV/AIDS

Respondents were asked about their beliefs about

people at risk of HIV/AIDS. From a list of people, participants were asked to identify who are most likely to get infected with HIV. Choices were nobody, everybody, men who have sex with men, drug users, those who have sexual intercourse with multiple partners, those who have sexual intercourse with sex workers or prostitutes, and call center agents.

Majority at 82% believe that people who have multiple sexual partners and people who have sex with sex workers are at risk of contracting HIV/AIDS. More females at 85% agree to these than males at 79%. Around 63% of all respondents believe that everybody can acquire HIV/AIDS, with 68% of males and 57% of females agreeing to this statement. Drug users are believed to be at risk by 61% of the participants, with more males agreeing to this statement than females (64% vs. 58%). Men who have sex with men are also generally believed to be at risk by 60% of the respondents, also with more males than females (62% vs. 58%). Interestingly, a third of the participants at 31% believe that call center agents are at risk of contracting HIV/AIDS, again more males than females (34% vs. 27%). Finally, around 7% believe that nobody is at greater risk of contracting HIV/AIDS, with more females than males (8% vs. 5%).

Γ Table 78: Beliefs about Persons at Risk for HIV/ AIDS by Biological Sex

Prevention

The call center employees were asked about their knowledge on how to prevent HIV/AIDS by indicating agreement to a set of statements. Three statements are commonly prescribed strategies for reducing the chance of contracting HIV/AIDS: (a) abstaining from sex, (b) having sex with one faithful partner (monogamy), and (c) using a condom correctly every time you have sex. Three statements are not among the strategies for preventing HIV/AIDS but can signify risk: (a) avoiding sex with sex workers or prostitutes, (b) avoiding sex with men who pay for sex, and (c) avoiding sex with men having sex with men. Four statements are myths or misconceptions about how to prevent HIV/AIDS: (a) taking a shower before having sex, (b) taking antibiotics before having sex, (c) avoiding physical contact with a person who is infected with HIV/AIDS, and (d) HIV/AIDS cannot be prevented.

Around 78% agree to monogamy or having sex with one faithful partner and 76% agree that using a condom correctly every time you have sex can prevent HIV/AIDS. That is, roughly 8 of every 10 participants agree to these commonly prescribed strategies for preventing HIV/AIDS. Approximately 2 out of 10 respondents do not agree to monogamy and to correct condom use as appropriate prevention strategies. Only 48% agree to abstain from sex as a prevention strategy. Minimal differences were observed for males and females

(below 5%), making the responses for both sexes generally similar on these three prevention strategies.

More females than males agree to the set of statements pertaining to possible risk of contracting HIV/AIDS. Majority at 86% of females agree to avoid sex with sex workers compared to 81% of males (combined total of 83% for both sexes). More than three-forth or 79% of females agree to avoid sex with men who pay for sex compared to 73% of males (combined total of 76% for both sexes). And 63% of females agree to avoid sex with men who have sex with men compared to 60% of males (combined total of 61% for both sexes).

Around 50% of the call center employees surveyed agree to avoid physical contact with a person who is infected with HIV/AIDS. A greater percentage of females agree to this statement at 57% compared to only 43% of males. This implies that the stigma against HIV-infected persons is strong with half of the respondents agreeing to avoid contact with HIV-infected persons. A number also hold myths about HIV/AIDS prevention including 23% who think taking a shower before sex can prevent HIV/AIDS; 19% who think HIV/AIDS cannot be prevented; and 14% who think taking antibiotics before sex can prevent HIV/AIDS. Gender differences observed were relatively small (below 5%), making the responses for both sexes generally similar.

Γ Table 79: Knowledge of HIV/AIDS Prevention by Biological Sex

Other Beliefs about HIV/AIDS

Respondents were also asked about other beliefs they may have about HIV/AIDS. A set of 6 statements was provided. Half of these statements are correct or accurate beliefs about HIV/AIDS: "a healthy-looking person can be infected with HIV/AIDS", "a pregnant woman infected with HIV/AIDS can transmit the virus to an unborn child" and "there is no cure for AIDS". The other 3 are incorrect or inaccurate beliefs about HIV/AIDS and reflect myths and misconceptions about HIV/AIDS: "only men having sex with men (or gay men) can get HIV/AIDS", "women cannot get HIV/AIDS", and "birth control pills can protect a woman from getting HIV/AIDS".

Generally, participants for both sexes hold accurate information about HIV/AIDS with majority or around 80% agreeing to the correct statements about HIV/AIDS and only a minority or roughly 10% agreeing to the incorrect statements about HIV/AIDS. In particular, 81% of the respondents believe that a healthy-looking person can be infected with HIV/AIDS and 79% believe that a pregnant woman with HIV can transmit the virus to her unborn child. Still, 20% of the respondents do not know these to be true. Slight gender differences were

observed making responses for both sexes equivalent.

Only 57% of the respondents know that there is no cure for AIDS. That is, 4 of every 10 participants do not know that there is no cure for AIDS. In addition, around 10% or 1 out of every 10 respondents believe in myths or carry misconceptions about HIV/AIDS. In particular, 12% believe that only men who have sex with men or gay men can get HIV/AIDS; 10% believe that women cannot get HIV/AIDS; and 10% believe that birth control pills can protect a woman from getting HIV/AIDS. Again, only slight differences between males and females were observed making responses for both sexes generally the same.

Another question asked participants if they would accept an applicant to their office if the applicant has HIV but is not sick and is qualified to the job. Less than half or 46% of males and 41% of females would accept an HIV-infected applicant (or 43% for both sexes). In contrast, around 60% or 6 out of 10 respondents would not accept an HIV-infected applicant. This implies that the stigma attached to an HIV-infected person is still quite high and that discriminatory behavior towards an HIV-infected person in the workplace is to be expected.

Γ Table 80: Other Beliefs about HIV/AIDS by Biological Sex

Concern with Contracting STI

Respondents were asked if they are worried that they might get an STI or a sexually-transmitted infection. Responses could vary from "not at all", to "a little", to "somewhat", to "very much".

Males and Females

In general, more males are concerned about getting an STI compared to females. While 37% of males are very much concerned with contracting an STI only 25% of females have the same level of concern. Eighteen percent of males are somewhat concerned compared 14% of females. Combined, more than 50% of the male participants are concerned about STI compared to less than 40% of females. In addition, 32% of females are not at all concerned compared to the 20% of males with the same response. Responses may be linked to the relational status of males and females.

Table 81: Concerns with Contracting STIs and HIV/AIDS by Biological Sex

MSM and Non-MSM

Overall, more MSM are worried about contracting an STI than non-MSM. Almost 60% of MSM are concerned with contracting STI, combining the 38% who are very much

worried and the 20% who are somewhat worried. On the other hand, around 50% of non-MSM are concerned with contracting STI, with 36% very much preoccupied and 16% somewhat preoccupied. In addition, 26% of non-MSM are not at all concerned compared to the 16% of MSM with the same response.

Γ Table 82: Comparing Non MSM and MSM's Concerns with Contracting STIs and HIV/AIDS

Concern with Contracting HIV/AIDS

Respondents were asked if they are worried that they might get HIV/AIDS. Responses could vary from "not at all", to "a little", to "somewhat", to "very much". Percentages were similar to expressed concern for contracting STI.

Males and Females

Similarly to the general trend above indicating greater preoccupation about STI among males than females, males are also more worried about contracting HIV/AIDS than females. Around 55% of males are worried about HIV/AIDS, 41% very much concerned and 14% somewhat concerned. Less than 40% of females, on the other hand, are concerned about HIV/AIDS, with 29% very much worried and 11% somewhat worried. Consequently, more females are not at all concerned about

HIV/AIDS at 29% compared to the 20% of males who feel the same.

MSM and Non-MSM

For MSM respondents, the percentage who became very much concerned about HIV/AIDS increased compared to STI, from 38% to 43%. In total however, the percentage of MSM concerned with HIV/AIDS is still similar to STI at 59%. More than half of MSM respondents are concerned about HIV/AIDS, with 16% somewhat concerned and 43% very much concerned.

The non-MSM also had similar percentages for preoccupation with HIV/AIDS and STI. Forty percent are very much concerned and 13% are somewhat concerned, making a total of 53% of non-MSM who are worried that they might contract HIV/AIDS. In general, a greater percentage of MSM respondents express concern of contracting HIV/AIDS compared to non-MSM.

Other STI and HIV/AIDS Concerns

A set of questions related to STI and HIV/AIDS testing as well as HIV/AIDS prevention programs were included in the survey.

STI & HIV-AIDS Testing

Two questions asked about awareness of where to go for STI and HIV/AIDS testing. More than half of the call center employees surveyed know where to go for STI and HIV/AIDS testing, with slightly more males than females. Around 58% of males know an STI or HIV/AIDS testing site compared to 54-55% of females. Comparing MSM and non-MSM, 63% of MSM know a testing site compared to 55-57% of non-MSM.

Asked if they felt they are at risk of HIV infection, 19% of males said "yes" compared to only 7% of females. Men who have sex with men or MSM have a higher percentage of reported risk at 25% compared to only 13% of non-MSM. That is, 1 out of every 4 MSM report feeling at risk of HIV infection. Similarly, more males have had an HIV test compared to females (12% vs. 6%). Also, more MSM have had an HIV test than non-MSM (20% vs. 5%) for the last 12 months. Across all groups, almost 100% who have been tested for HIV report getting the result of the test except for the female group at 85%.

Γ **Table 83: Other STIs and HIV/AIDS Concerns by Biological Sex**

Γ **Table 84: Comparing Non MSMs and MSMs' Other STIs and HIV/AIDS Concerns**

HIV-AIDS Prevention Programs

More males than females have participated in an

HIV/AIDS prevention program (31% vs. 25%) while more MSM than non-MSM report the same (38% vs. 23%). Asked if their company has an HIV/ AIDS prevention program, only around 10% answered yes and only 5.7% or 37 participants answered that they have participated in an HIV/AIDS prevention program sponsored or hosted by their company.

In general, majority of the call center employees surveyed think that there is a need for more HIV/AIDS prevention programs. Around 77% that is roughly around 8 out of every 10 respondents believe that more HIV/AIDS prevention programs are needed. Percentages with similar across gender (males and females) and between MSM and non-MSM.

Γ Table Attachments

Table 73: Awareness of STI & HIV/ AIDS by Biological Sex & Age Group

	Heard of STIs		Heard of HIV/ AIDS	
	f	%	f	%
Males				
15 to 19 years old (n = 3)	1	*33.3*	2	*66.7*
20 to 24 years old (n = 149)	111	*74.5*	129	*86.6*
25 to 29 years old (n = 156)	107	*68.6*	125	*80.1*
30 and above (n = 26)	15	*57.7*	21	*80.8*
TOTAL (n = 334)	234	*70.1*	277	*82.9*
Females				
15 to 19 years old (n = 13)	10	*76.9*	11	*84.6*
20 to 24 years old (n = 131)	85	*64.9*	109	*83.2*
25 to 29 years old (n = 138)	107	*77.5*	121	*87.7*
30 and above (n = 34)	21	*61.8*	28	*82.4*
TOTAL (n = 316)	223	*70.6*	269	*85.1*
Both sexes				
15 to 19 years old (n = 16)	11	*68.8*	13	*81.3*

20 to 24 years old (n = 280)	196	*70.0*	238	*85.0*
25 to 29 years old (n = 294)	214	*72.8*	246	*83.7*
30 and above (n = 60)	36	*60.0*	49	*81.7*
TOTAL (n = 650)	457	*70.3*	546	*84.0*

Table 74: Comparing Non MSMs and MSMs' Awareness of STI & HIV/ AIDS by Age Group

	Heard of STIs		Heard of HIV/ AIDS	
	f	%	f	%
Non MSMs				
15 to 19 years old (n = 1)	0	*0.0*	0	*0.0*
20 to 24 years old (n = 53)	39	*73.6*	46	*86.8*
25 to 29 years old (n = 82)	60	*73.2*	71	*86.6*
30 and above (n = 14)	8	*57.1*	12	*85.7*
TOTAL (n = 150)	107	*71.3*	129	*86.0*
MSMs				
15 to 19 years old (n = 2)	1	*50.0*	2	*100*
20 to 24 years old (n = 76)	58	*76.3*	66	*86.8*
25 to 29 years old (n = 70)	45	*64.3*	53	*75.7*
30 and above (n = 11)	6	*54.5*	9	*81.8*
TOTAL (n = 159)	110	*69.2*	130	*81.8*

Note: There were nine participants that the researchers were not able

to categorize.

Table 75: Examples of STIs by Biological Sex

	Males (n=334)		Females (n=316)		Both Sexes (n=650)	
	f	%	f	%	f	%
HIV/AIDS	197	*59.0*	190	*60.1*	387	*59.5*
Syphilis	206	*61.7*	177	*56.0*	383	*58.9*
Herpes	197	*59.0*	176	*55.7*	373	*57.4*
Gonorrhea	174	*52.1*	152	*48.1*	326	*50.2*
Hepatitis A	56	*16.8*	33	*10.4*	89	*13.7*
Cancer	17	*5.1*	22	*7.0*	39	*6.0*
Tuberculosis	28	*8.4*	8	*2.5*	36	*5.5*
Malaria	14	*4.2*	18	*5.7*	32	*4.9*
Dengue	13	*3.9*	9	*2.8*	22	*3.4*

Table 76: Symptoms of STIs by Biological Sex

	Males (n = 334)		Females (n = 316)		Both Sexes (n = 650)	
	f	%	f	%	f	%
Painful urination	220	*65.9*	182	*57.6*	402	*61.8*
Sores in the genital area or sexual organ	210	*62.9*	188	*59.5*	398	*61.2*
Penile/vaginal discharge	215	*64.4*	174	*55.1*	389	*59.8*
Itching in the genital area	210	*62.9*	173	*54.7*	383	*58.9*
Foul smelling discharge	199	*59.6*	175	*55.4*	374	*57.5*
Swellings in groin area	171	*51.2*	153	*48.4*	324	*49.8*
Feeling of weakness/Getting sickly	138	*41.3*	128	*40.5*	266	*40.9*
Abdominal pain	121	*36.2*	107	*33.9*	228	*35.1*
Body sores	112	*33.5*	90	*28.5*	202	*31.1*
None	32	*9.6*	12	*3.8*	44	*6.8*

Table 77: Beliefs about HIV/ AIDS Transmission by Biological Sex

	Males (n=334)		Females (n=316)		Both Sexes (n=650)	
	f	%	f	%	f	%
Through sexual Intercourse with sex workers/ prostitutes	279	*83.5*	271	*85.8*	550	*84.6*
Through blood transfusion	280	*83.8*	268	*84.8*	548	*84.3*
Having sexual Intercourse with someone who is infected with HIV/AIDS	266	*79.6*	273	*86.4*	539	*82.9*
Through intercourse with more than one partner	271	*81.1*	264	*83.5*	535	*82.3*
Through injection	255	*76.3*	258	*81.6*	513	*78.9*
Through sexual Intercourse with the same sex	215	*64.4*	169	*53.5*	384	*59.1*
Kissing someone who is infected with HIV/AIDS	83	*24.9*	122	*38.6*	205	*31.5*
Sharing a meal with someone who is infected with HIV/AIDS	60	*18.0*	82	*25.9*	142	*21.8*
Through kissing	60	*18.0*	68	*21.5*	128	*19.7*
Through mosquito bites	73	*21.9*	55	*17.4*	128	*19.7*
By sitting on public toilet bowls	42	*12.6*	62	*19.6*	104	*16.0*

Being in same room with someone who is infected with HIV/AIDS	**44**	*13.2*	**58**	*18.4*	**102**	*15.7*
Shaking the hands of someone who is infected with HIV/AIDS	**32**	*9.6*	**35**	*11.1*	**67**	*10.3*
Through the air	**22**	*6.6*	**20**	*6.3*	**42**	*6.5*

Table 78: Beliefs about Persons at Risk for HIV/ AIDS by Biological Sex

	Males (n=334)		Females (n=316)		Both Sexes (n=650)	
	f	%	f	%	f	%
Those who have sexual intercourse with multiple partners	**265**	*79.3*	**270**	*85.4*	**535**	*82.3*
Those who have sexual intercourse with sex workers/ prostitutes	**263**	*78.7*	**267**	*84.5*	**530**	*81.5*
Everybody	**227**	*68.0*	**179**	*56.6*	**406**	*62.5*
Drug users	**212**	*63.5*	**184**	*58.2*	**396**	*60.9*
Men who have sex with men	**207**	*62.0*	**184**	*58.2*	**391**	*60.2*
Call center agents	**114**	*34.1*	**84**	*26.6*	**198**	*30.5*
Nobody	**16**	*4.8*	**26**	*8.2*	**42**	*6.5*

Table 79: Knowledge of HIV/ AIDS Prevention by Biological Sex

	Males (n=334)		Females (n=316)		Both Sexes (n=650)	
	f	%	f	%	f	%
Avoid sex with sex workers/prostitutes	269	*80.5*	273	*86.4*	542	*83.4*
Having sex with one faithful partner (monogamy)	256	*76.6*	249	*78.8*	505	*77.7*
Use a condom correctly every time you have sex	257	*76.9*	239	*75.6*	496	*76.3*
Avoid sex with men who pay for sex	245	*73.4*	249	*78.8*	494	*76.0*
Avoid sex with men who have sex with men	200	*59.9*	198	*62.7*	398	*61.2*
Avoid physical contact with a person who is infected with HIV/AIDS	145	*43.4*	179	*56.6*	324	*49.8*
Abstain from sex	166	*49.7*	148	*46.8*	314	*48.3*
Take a shower before having sex	81	*24.3*	71	*22.5*	152	*23.4*

HIV/AIDS cannot be prevented	62	*18.6*	64	*20.3*	126	*19.4*
Take antibiotics before having sex	53	*15.9*	40	*12.7*	93	*14.3*

Table 80: Other Beliefs about HIV/AIDS by Biological Sex

	Males (n=334)		Females (n=316)		Both Sexes (n=650)	
	f	%	f	%	f	%
A healthy-looking person can be infected with HIV/AIDS	271	*81.1*	255	*80.7*	526	80.9
A pregnant woman infected with HIV/AIDS can transmit the virus to her unborn child	256	*76.6*	256	*81.0*	512	78.8
There is no cure for AIDS	193	*57.8*	175	*55.4*	368	56.6
Only men who have sex with men (or gay men) can get HIV/AIDS	42	*12.6*	38	*12.0*	80	12.3
Women cannot get HIV/AIDS	33	*9.9*	34	*10.8*	67	10.3
Birth control pills can protect a woman from getting HIV/AIDS	30	*9.0*	33	*10.4*	63	9.7
An applicant to your office has HIV but is not sick and is qualified to do the job, should he or she be accepted?	153	*45.8*	129	*40.8*	282	43.4

Table 81: Concerns with Contracting STIs and HIV/AIDs by Biological Sex.

	Might get an STI		Might get HIV/ AIDS	
	f	%	f	%
Males				
Very Much	125	*37.4*	136	*40.7*
Somewhat	60	*18.0*	47	*14.1*
A little	46	*13.8*	48	*14.4*
Not at all	67	*20.1*	67	*20.1*
No Response	36	*10.8*	36	*10.8*
TOTAL	334		334	
Females				
Very Much	80	*25.3*	90	*28.5*
Somewhat	45	*14.2*	34	*10.8*
A little	62	*19.6*	47	*14.9*
Not at all	102	*32.3*	120	*38.0*
No Response	27	*8.5*	25	*7.9*
TOTAL	316		316	
Both Sexes				

Very Much	205	*31.5*	226	*34.8*
Somewhat	105	*16.2*	81	*12.5*
A little	108	*16.6*	95	*14.6*
Not at all	169	*26.0*	187	*28.8*
No Response	63	*9.7*	61	*9,4*
TOTAL	650		650	

Table 82: Comparing Non MSMs and MSMs' Concerns with Contracting STIs and HIV/AIDs

	Might get an STI		Might get HIV/ AIDS	
	f	%	f	%
Non MSMs				
Very Much	58	*38.7*	60	*40.0*
Somewhat	23	*15.3*	19	*12.7*
A little	18	*12.0*	25	*16.7*
Not at all	37	*24.7*	32	*21.3*
No Response	14	*9.3*	14	*9.3*
TOTAL	150		150	
MSMs				
Very Much	60	*37.7*	68	*42.8*
Somewhat	32	*20.1*	25	*15.7*
A little	24	*15.1*	19	*11.9*
Not at all	25	*15.7*	29	*18.2*
No Response	18	*11.3*	18	*11.3*
TOTAL	159		159	

Note: There were nine participants that the researchers were not able to categorize.

Table 83: Other STIs and HIV/AIDS Concerns by Biological Sex (Yes Responses Only)

	Males (n=334)		Females (n=316)		Both Sexes (n=650)	
	f	%	f	%	f	%
Do you know where you can go for STI testing?	195	*58.4*	174	*55.1*	369	*56.8*
Do you know where you can go for HIV/ AIDS testing?	192	*57.5*	170	*53.8*	362	*55.7*
Do you feel that you are at risk of infection with HIV?	62	*18.6*	23	*7.3*	85	*13.1*
Have you ever had an HIV test in the last 12 months?	41	*12.3*	20	*6.3*	61	*9.4*
Did you get the result of this test?	40	*97.6*	17	*85.0*	57	*93.4*
Have you ever participated in an HIV/ AIDS prevention program?	102	*30.5*	79	*25.0*	181	*27.8*
Does your company have an HIV/ AIDS prevention program?	43	*12.9*	24	*7.6*	67	*10.3*
Have you ever participated in your	22	*6.6*	15	*4.7*	37	*5.7*

company's HIV/ AIDS prevention program?						
Do you think there is a need for more HIV/ AIDS prevention programs?	253	*75.7*	245	*77.5*	498	*76.6*

Table 84: Comparing Non MSMs and MSMs' Other STIs and HIV/AIDS Concerns (Yes Responses Only)

	Non MSMs (n = 150)		MSMs (n = 159)	
	f	%	f	%
Do you know where you can go for STI testing?	85	*56.7*	100	*62.9*
Do you know where you can go for HIV/ AIDS testing?	83	*55.3*	100	*62.9*
Do you feel that you are at risk of infection with HIV?	19	*12.7*	39	*24.5*
Have you ever had an HIV test in the last 12 months?	8	*5.3*	32	*20.1*
Did you get the result of this test?	8	*100*	31	*96.9*
Have you ever participated in an HIV/ AIDS prevention program?	35	*23.3*	61	*38.4*
Does your company have an HIV/ AIDS prevention program?	14	*9.3*	25	*15.7*
Have you ever participated in your company's HIV/ AIDS prevention	6	*4.0*	14	*8.8*

program?				
Do you think there is a need for more HIV/ AIDS prevention programs?	**115**	*76.7*	**125**	*78.6*

Note: There were nine participants that the researchers were not able to categorize.

8

Information about Sex, STI, and HIV/ AIDS

The call center workers surveyed were asked about their sources of information about sex, STI, and HIV/AIDS. First, they were asked to select specific persons they are comfortable discussing these topics with. A set of 8 persons were identified as follows: (a) co-workers, (b) friends (same sex), (c) friends (opposite sex), (d) a family member (e.g., brother, sister, parent), (e) partner (romantic partner / sexual partner), (f) a medical doctor / nurse / health professional, (g) a priest / minister / religious, and (h) a teacher. Participants could also specify other persons not on the list. Multiple responses were

allowed. The results reveal the specific persons call center workers feel comfortable discussing (a) sex, (b) STI, and (c) HIV/AIDS with.

Second, the respondents were asked to select specific sources that they use to get information about sex, STI, and HIV/AIDS. A set of 11 sources of information was provided as follows: (a) textbooks, (b) books, (c) magazines, (d) newspapers, (e) comics, (f) tv, (g) movies, (h) radio, (i) flyers, (j) school charts/films, and (k) internet. Participants could also indicate other sources of information not on the list. Multiple responses were allowed. The results show the most popular sources of information about (a) sex, (b) STI, and (c) HIV/AIDS for the call center workers surveyed.

Discussing Sex

For both sexes, the majority feel most comfortable discussing sex with same-sex friends (86%) followed by a romantic or sexual partner (72%), co-workers (67%), and opposite-sex friends (58%). A medical doctor, nurse, or health professional is the fifth most popular choice to discuss sex with (43%). Less than a third of the respondents are comfortable discussing sex with a family member (30%), a teacher (24%), and a priest, minister, or religious person (18%). In summary, 9 of 10 call center workers feel comfortable discussing sex with a same-sex friend. A partner, a co-worker, and an opposite-sex friend were also selected by more than half of all respondents.

Among Males and Females

In general, males express greater comfort in discussing sex compared to females. Only a slight difference was observed for same-sex peers (88% for males and 84% for females). However, marked differences were observed for the next top three choices with more males than females expressing comfort talking about sex with a partner (75% vs. 68%), co-workers (74% vs. 60%), and opposite-sex friends (71% vs. 44%).

Γ Table 85: Most Comfortable to Discuss Sex with by Biological Sex

Across Age Groups

Only slight differences were observed across the different age groups, particularly comparing the (a) 20-24 year old, (b) 25-29 year old, and (c) 30 years old and above. Minimal comparison was made with the 15-19 years old group because of the very small number of respondents (n=16). Across all ages, same-sex friends are the most popular choice for discussing sex, followed by a partner, co-workers, and opposite-sex friends. It is notable that participants aged 25 to 29 years old are generally more comfortable discussing sex compared to the 30 year old and above group; with percentages

higher across all choices.

Γ Table 86: Most Comfortable to Discuss Sex with by Age Group

Discussing STI

In general, participants are generally less comfortable discussing STI compared to discussing sex with other people. The resulting percentages of respondents who are comfortable discussing STI are markedly lower overall. For instance, 86% of all call center workers surveyed are comfortable discussing sex with same-sex friends. But only 50% report being comfortable discussing STI with same-sex friends, which is already the most popular choice for talking about the said topic. The second most popular choice is a medical doctor, nurse, or health professional, also selected by 50% of the respondents. This implies that participants prefer going to a health professional to talk about STI. The third choice is a romantic or sexual partner as identified by 47% of the employees surveyed.

1 out of every 2 call center employee surveyed elect to talk about STI to a same-sex friend, a health professional, or a partner. Roughly 1 out of every 3 prefer talking to an opposite-sex friend (37%), a co-worker (33%), or a family member (29%). Around 1 of 4 would talk to a teacher (24%). Another 17% are comfortable talking about STI with a religious person.

Among Males and Females

Similar to discussing sex, males generally express greater comfort discussing STI with other people compared to females. For both sexes, half of the respondents are most comfortable discussing STI with same-sex friends, a medical doctor or nurse or health professional, and a romantic or sexual partner. Unlike with sex, a medical professional is a preferred choice for talking about STI.

Γ Table 87: Most Comfortable to Discuss STI with by Biological Sex

Across Age Groups

In general, comfort in discussing STI increases with age, with a higher percentage of the older groups expressing comfort in discussing STI compared to the younger groups. In particular, respondents who are 30 years old and above are generally more comfortable discussing STI with a medical professional or a partner compared to the younger age groups. Interestingly, the 25-29 year-old group is most comfortable discussing STI with a same-sex friend more than any other age group including those 30 years and above.

For the 15 to 19 years old group, equal preference is expressed for a same-sex friend, a medical doctor, and a

partner (38%). For the 20 to 24 year old group, slightly more prefer a same-sex friend (49%), followed by a medical professional (45%), and then a partner (43%). Among the 25 to 29 year old group, either a same-sex friend or a medical professional is the first choice (54%) while a partner is the second choice (51%). Finally, for those 30 years old and above, a medical professional is most preferred (58%), a partner second (53%), and a same-sex friend third (42%). Across age group, a same-sex friend (50%), a medical professional (50%), and a partner (47%) are the top three choices.

Γ Table 88: Most Comfortable to Discuss STI with by Age Group

Discussing HIV/AIDS

Similar to discussing STI, respondents in general are less comfortable discussing HIV/AIDS compared to discussing sex with other people. The same people are in the top three: a medical professional (53%), a same-sex friend (48%), and a romantic or sexual partner (45%). However, a health professional is clearly preferred over a friend or a partner when talking about HIV/AIDS.

Among Males and Females

Slight differences were observed between males and

females. As such, both sexes generally prefer to talk to a medical doctor or nurse or health professional about HIV/AIDS. Both sexes prefer to talk to a same-sex friend second and a partner third.

Γ Table 89: Most Comfortable to Discuss HIV/AIDS with by Biological Sex

Across Age Groups

Looking at patterns across age, older age groups express greater comfort talking with a medical doctor or health professional about HIV/AIDS compared to the younger age groups. Older respondents are also more comfortable talking about HIV/AIDS with a romantic or sexual partner compared to younger respondents. However, the 30 year old and above group appears to be less comfortable talking to same-sex friends about HIV/AIDS compared to the younger participants. Only 38% of those 30 years old and above are comfortable talking to a same-sex friend compared to 53% of the 25 to 29 years, 45% of the 20 to 24 years, and 40% of the 15 to 19 years. Overall, a medical professional is most preferred by respondents of all ages.

Γ Table 90: Most Comfortable to Discuss HIV/AIDS with by Age Group

Sources of Information about Sex

The top five most popular sources of information about sex are as follows: (1) the internet with 77%, (2) magazines with 76%, (3) TV with 66%, (4) books with 62%, and (5) movies with 60%. In general, almost 8 out of every 10 call center employees surveyed use the internet and magazines to obtain information about sex. Around 7 of 10 get information about sex from tv while 6 of 10 derive information from books and movies. The other sources of information are ranked accordingly: (6) textbooks with 57%, (7) newspapers with 49%, (8) school charts/films with 42%, (9) radio with 34%, (10) comics with 31%, and (11) flyers with 30%.

Among Males and Females

In general, a higher percentage of males select all sources of information compared to females. This may imply that more males admit to acquiring information about sex from any source of information than females. Male-female differences were observed across all sources of information as reflected in the top five choices: internet (83% of males vs. 70% of females), magazines (78% vs. 74%), TV (68% vs. 63%), books (64% vs. 60%), movies (64% vs. 56%).

Γ Table 91: Sources of Information about Sex by Biological Sex

Across Age Groups

In general, the two older age groups have higher reported percentages compared to the two younger age groups. This implies that the older respondents are acquiring information about sex more than the younger respondents. By age, the 15 to 19 year old group clearly prefers the internet (69%) over other sources of information; books are their second choice at 50%. The 20 to 24 year old group seems to prefer either magazines (77%) or the internet (75%) over other sources of information; TV is their third choice at 63%. The 25 to 29 years old choose the internet (80%) or magazines (77%); with TV third at 68%. The 30 year old and above group clearly prefer magazines (78%), followed by the internet (72%) and TV (70%). The top two choices across ages are the internet (77%) and magazines (76%).

Γ Table 92: Sources of Information about Sex by Age Group

Sources of Information about STI

The internet is also the most preferred source of information about STI similar to sex. In general, less respondents obtain information about STI compared to sex with lower percentages for all sources of information about STI

compared to sex. For example, 77% of the participants use the internet to derive information about sex but only 64% use the same source for information about STI. Similar to the sources of information about sex, books, TV, magazines, and textbooks are in the top five sources of information about STI. Unlike sex, movies are no longer a major source of information about STI. In addition, books are slightly a more utilized source of information about STI than magazines. The top five sources of information about STI are as follows: (1) the internet at 64%, (2) books at 58%, (3) TV at 58%, (4) magazines at 56%, and (5) textbooks at 52%. Other sources are ranked as follows: (6) newspapers at 46%, (7) school charts/films at 42%, (8) movies at 39%, (9) radio at 32%, (10) flyers at 32%, and (11) comics at 15%.

Among Males and Females

In general, more males report using the different sources of information about STI compared to females. Marked differences between males and females (more than a 5% difference) came out for the internet (68% of males vs. 60% for females, magazines (61% vs. 51%), and textbooks (57% vs. 47%). Only slight gender differences were observed (a difference of less than 5%) for the other sources of information.

Γ Table 93: Sources of Information about STI by Biological Sex

Across Age Groups

The internet is the most popular source of information about STI for the three younger age groups: 50% of the 15-19 years old group, 62% of the 20-24 years old group, and 68% of the 25-29 years old group. Their second most popular source of information about STI are books. Magazines are the top choice for respondents 30 years old and above at 62%. TV is their second choice and the internet is third. Across source of information, generally more respondents aged 25 to 29 years old use the diverse sources of information compared to the other age groups. This may imply that this age group seeks information about STI the most. In summary, the internet is the top source of information about STI across all age groups except those 30 years old and above.

Γ Table 94: Sources of Information about STI by Age Group

Sources of Information about HIV/AIDS

The top source of information about HIV/AIDS for the call center employees surveyed is the internet at 66%. Another 58% use tv and books, 57% select magazines, and 55% turn to textbooks. Hence, the top five sources of information about HIV/AIDS are: (1) the internet, (2) tv, (3) books, (4) magazines,

and (5) textbooks. The other sources of information for HIV/AIDS are ranked by percentage of use: (6) newspapers at 48%, (7) school charts/films at 42%, (8) movies at 40%, (9) flyers at 31%, (10) radio at 31%, and (11) comics at 15%.

Among Males and Females

In general, males report greater use of all sources of information to know about HIV/AIDS compared to females. Differences of more than 5% are for the internet (70% of males vs. 62% of females), magazines (61% vs. 52%), textbooks (58% vs. 50%), and newspapers (51% vs. 45%). Gender differences for the other sources of information are below 5%. For both sexes, internet is the top source of information about HIV/AIDS followed by tv and books.

Γ Table 95: Sources of Information about HIV/AIDS by Biological Sex

Across Age Groups

Looking at the pattern across age groups, the 25 to 29 year old respondents generally report the greatest use of sources of information about HIV/AIDS compared to the three other age groups. For instance, 73% of the 25 to 29 year old group use the internet compared to only 50% of the 15-19 group, 63% of the 20-24 group, and 53% of the 30 and above

group. This may imply that the 25 to 29 year old group seek more information about HIV/AIDS than the other age groups. By age group, the 15 to 19 year old group generally prefer the internet and textbooks; the 20 to 24 year old group utilize the internet first followed by textbooks, tv, and books; the 25 to 29 year old group use the internet most and then books, magazines, and tv; while the 30 year old and above group choose magazines first, tv second, and the internet third. In sum, the internet is the top source of information about HIV/AIDS for all age groups except those 30 years old and above.

Γ Table 96: Sources of Information about HIV/AIDS by Age Group

Γ Table Attachments

Table 85: Most Comfortable to Discuss Sex with by Biological Sex

	Males (n=334)		Females (n=316)		Both Sexes (N=650)	
	f	%	f	%	f	%
Friends (same sex)	295	*88.3*	266	*84.2*	561	*86.3*
Partner (romantic partner/ sexual partner)	252	*75.4*	214	*67.7*	466	*71.7*
Co-workers	247	*74.0*	188	*59.5*	435	*66.9*
Friends (opposite sex)	236	*70.7*	140	*44.3*	376	*57.8*
A medical doctor /nurse/ health professional	153	*45.8*	125	*39.6*	278	*42.8*
A family member (e.g. brother, sister, parent)	103	*30.8*	90	*28.5*	193	*29.7*
A teacher	98	*29.3*	56	*17.7*	154	*23.7*
A priest /minister/ religious	79	*23.7*	40	*12.7*	119	*18.3*
Others	23	*6.9*	6	*1.9*	29	*4.5*

Table 86: Most Comfortable to Discus Sex with by Age Group

	15-19 yrs old (n=16)		20-24 yrs old (n=280)		25-29 yrs old (n294)		30 years old and above (n=60)		Total (N=650)	
	f	%	f	%	f	%	f	%	f	%
Friends (same sex)	12	*75*	240	*85.7*	260	*88.4*	49	*81.7*	561	86.3
Partner (romantic partner/ sexual partner)	8	*50*	203	*72.5*	216	*73.5*	39	*65.0*	466	71.7
Co-workers	10	*62.5*	190	*67.9*	196	*66.7*	39	*65.0*	435	66.9
Friends (opposite sex)	8	*50*	166	*59.3*	172	*58.5*	30	*50.0*	376	57.8
A medical doctor/ nurse/ health professional	4	*25*	108	*38.6*	140	*47.6*	26	*43.3*	278	42.8
A family member (e.g. brother, sister, parent)	5	*31.3*	80	*28.6*	92	*31.3*	16	*26.7*	193	29.7
A teacher	1	*6.3*	67	*23.9*	74	*25.2*	12	*20.0*	154	23.7
A priest/ minister/ religious	2	*12.5*	53	*18.9*	55	*18.7*	9	*15.0*	119	18.3
Others	0	*0*	17	*6.1*	11	*3.7*	1	*1.7*	29	4.5

Table 87: Most Comfortable to Discus STI with by Biological Sex

	Males (n=334)		Females (n=316)		Both Sexes (N=650)	
	f	%	f	%	f	%
Friends (same sex)	167	*50.0*	160	*50.6*	327	*50.3*
A medical doctor /nurse/ health professional	169	*50.6*	156	*49.4*	325	*50*
Partner (romantic partner/ sexual partner)	162	*48.5*	146	*46.2*	308	*47.4*
Friends (opposite sex)	141	*42.2*	98	*31.0*	239	*36.8*
Co-workers	112	*33.5*	101	*32.0*	213	*32.8*
A family member (e.g. brother, sister, parent)	93	*27.8*	98	*31.0*	191	*29.4*
A teacher	78	*23.4*	78	*24.7*	156	*24*
A priest /minister/ religious	55	*16.5*	54	*17.1*	109	*16.8*
Others	7	*2.1*	8	*2.5*	15	*2.3*

Table 88: Most Comfortable to Discus STI with by Age Group

	15-19 yrs old (n=16)		20-24 yrs old (n=280)		25-29 yrs old (n=294)		30 years old and above (n=60)		Total (N=650)	
	f	%	f	%	f	%	f	%	f	%
Friends (same sex)	6	*37.5*	136	*48.6*	160	*54.4*	*25*	*41.7*	327	*50.3*
A medical doctor/ nurse/ health professional	6	*37.5*	125	*44.6*	159	*54.1*	*35*	*58.3*	325	*50*
Partner (romantic partner/ sexual partner)	6	*37.5*	120	*42.9*	150	*51.0*	*32*	*53.3*	308	*47.4*
Friends (opposite sex)	2	*12.5*	101	*36.1*	112	*38.1*	*24*	*40.0*	239	*36.8*
Co-workers	4	*25*	88	*31.4*	101	*34.4*	*20*	*33.3*	213	*32.8*
A family member (e.g. brother, sister, parent)	5	*31.3*	79	*28.2*	92	*31.3*	*15*	*25.0*	191	*29.4*
A teacher	2	*12.5*	65	*23.2*	79	*26.9*	*10*	*16.7*	156	*24*
A priest/ minister/ religious	1	*6.3*	51	*18.2*	48	*16.3*	*9*	*15.0*	109	*16.8*
Others	0	*0*	8	*2.9*	6	*2.0*	*1*	*1.7*	15	*2.3*

Table 89: Most Comfortable to Discus HIV/ AIDS with by Biological Sex

	Males (n=334)		Females (n=316)		Both Sexes (N=650)	
	f	%	f	%	f	%
A medical doctor /nurse/ health professional	180	*53.9*	167	*52.8*	347	*53.4*
Friends (same sex)	155	*46.4*	157	*49.7*	312	*48.0*
Partner (romantic partner/ sexual partner)	148	*44.3*	145	*45.9*	293	*45.1*
Friends (opposite sex)	125	*37.4*	105	*33.2*	230	*35.4*
Co-workers	109	*32.6*	105	*33.2*	214	*32.9*
A family member (e.g. brother, sister, parent)	91	*27.2*	113	*35.8*	204	*31.4*
A teacher	82	*24.6*	82	*25.9*	164	*25.2*
A priest /minister/ religious	65	*19.5*	61	*19.3*	126	*19.4*
Others	10	*3.0*	11	*3.5*	21	*3.2*

Table 90: Most Comfortable to Discus HIV/ AIDS with by Age Group

	15-19 yrs old (n=16)		20-24 yrs old (n=280)		25-29 yrs old (n=294)		30yrs old and above (n=60)		Total (N=650)	
	f	%	f	%	f	%	f	%	f	%
A medical doctor/ nurse/ health professional	8	*50.0*	138	*49.3*	166	*56.5*	35	58.3	347	*53.4*
Friends (same sex)	8	*50.0*	125	*44.6*	156	*53.1*	23	38.3	312	*48.0*
Partner (romantic partner/ sexual partner)	5	*31.3*	114	*40.7*	145	*49.3*	29	48.3	293	*45.1*
Friends (opposite sex)	3	*18.8*	89	*31.8*	119	*40.5*	19	31.7	230	*35.4*
Co-workers	3	*18.8*	86	*30.7*	105	*35.7*	20	33.3	214	*32.9*
A family member (e.g. brother, sister, parent)	7	*43.8*	88	*31.4*	94	*32.0*	15	25.0	204	*31.4*
A teacher	2	*12.5*	74	*26.4*	78	*26.5*	10	16.7	164	*25.2*
A priest/ minister/ religious	1	*6.3*	59	*21.1*	56	*19.0*	10	16.7	126	*19.4*
Others	0	*0.0*	12	*4.3*	8	*2.7*	1	1.7	21	*3.2*

Table 91: Sources Information about Sex by Biological Sex

	Males (n=334)		Females (n=316)		Both Sexes (N=650)	
	f	%	f	%	f	%
Internet	277	*82.9*	222	*70.3*	499	*76.8*
Magazines	262	*78.4*	233	*73.7*	495	*76.2*
TV	228	*68.3*	119	*63.0*	427	*65.7*
Books	213	*63.8*	188	*59.5*	401	*61.7*
Movies	214	*64.1*	177	*56.0*	391	*60.2*
Textbooks	205	*61.4*	165	*52.2*	370	*56.9*
Newspapers	185	*55.4*	134	*42.4*	319	*49.1*
School charts/ films	153	*45.8*	117	*37.0*	270	*41.5*
Radio	126	*37.7*	94	*29.7*	220	*33.8*
Comics	125	*37.4*	73	*23.1*	198	*30.5*
Flyers	118	*35.3*	78	*24.7*	196	*30.2*
Others	38	*11.4*	23	*7.3*	61	*9.4*

Table 92: Sources of Information about Sex by Age Group

	15-19 yrs old (n=16)		20-24 yrs old (n=280)		25-29 yrs old (n=294)		30 yrs old and above (n=60)		Total (N=650)	
	f	%	f	%	f	%	f	%	f	%
Internet	11	*68.8*	211	*75.4*	234	*79.6*	43	*71.7*	499	*76.8*
Magazines	7	*43.8*	216	*77.1*	225	*76.5*	47	*78.3*	495	*76.2*
TV	7	*43.8*	177	*63.2*	201	*68.4*	42	*70.0*	427	*65.7*
Books	8	*50.0*	164	*58.6*	193	*65.6*	36	*60.0*	401	*61.7*
Movies	5	*31.3*	170	*60.7*	179	*60.9*	37	*61.7*	391	*60.2*
Textbooks	7	*43.8*	159	*56.8*	171	*58.2*	33	*55.0*	370	*56.9*
Newspapers	6	*37.5*	128	*45.7*	152	*51.7*	33	*55.0*	319	*49.1*
School charts/ films	6	*37.5*	116	*41.4*	125	*42.5*	23	*38.3*	270	*41.5*
Radio	2	*12.5*	84	*30.0*	111	*37.8*	23	*38.3*	220	*33.8*
Comics	3	*18.8*	82	*29.3*	92	*31.3*	21	*35.0*	198	*30.5*
Flyers	3	*18.8*	77	*27.5*	96	*32.7*	20	*33.3*	196	*30.2*
Others	1	*6.3*	29	*10.4*	28	*9.5*	3	*5.0*	61	*9.4*

Table 93: Sources of Information about STI by Biological Sex

	Males (n=334)		Females (n=316)		Both Sexes (N=650)	
	f	%	f	%	f	%
Internet	228	*68.3*	189	*59.8*	417	*64.2*
Books	200	*59.9*	177	*56.0*	377	*58.0*
TV	200	*59.9*	175	*55.4*	375	*57.7*
Magazines	202	*60.5*	162	*51.3*	364	*56.0*
Textbooks	191	*57.2*	148	*46.8*	339	*52.2*
Newspapers	162	*48.5*	139	*44.0*	301	*46.3*
School charts/ films	142	*42.5*	130	*41.1*	272	*41..8*
Movies	137	*41.0*	114	*36.1*	251	*38.6*
Radio	112	*33.5*	93	*29.4*	205	*31.5*
Flyers	109	*32.6*	96	*30.4*	205	*31.5*
Comics	54	*16.2*	41	*13.0*	95	*14.6*
Others	19	*5.7*	14	*4.4*	33	*5.1*

Table 94: Sources of Information about STI by Age Group

	15-19 yrs old (n=16)		20-24 yrs old (n=280)		25-29 yrs old (n=294)		30 yrs old and above (n=60)		Total (N=650)	
	f	%	f	%	f	%	f	%	f	%
Internet	8	*50.0*	174	*62.1*	201	*68.4*	34	56.7	417	*64.2*
Books	6	*37.5*	156	*55.7*	183	*62.2*	32	53.3	377	*58*
TV	4	*25.0*	156	*55.7*	180	*61.2*	35	58.3	375	*57.7*
Magazines	6	*37.5*	142	*50.7*	179	*60.9*	37	61.7	364	*56*
Textbooks	6	*37.5*	153	*54.6*	153	*52.0*	27	45.0	339	*52.2*
Newspapers	4	*25.0*	120	*42.9*	147	*50.0*	30	50.0	301	*46.3*
School charts/ films	5	*31.3*	118	*42.1*	131	*44.6*	18	30.0	272	*41.8*
Movies	2	*12.5*	106	*37.9*	122	*41.5*	21	35.0	251	*38.6*
Radio	3	*18.8*	82	*29.3*	100	*34.0*	20	33.3	205	*31.5*
Flyers	2	*12.5*	87	*31.1*	99	*33.7*	17	28.3	205	*31.5*
Comics	1	*6.3*	41	*14.6*	49	*16.7*	4	6.7	95	*14.6*
Others	0	*0.0*	12	*4.3*	17	*5.8*	4	6.7	33	*5.1*

Table 95: Sources of Information about HIV/ AIDS by Biological Sex

	Males (n=334)		Females (n=316)		Both Sexes (N=650)	
	f	%	f	%	f	%
Internet	233	*69.8*	197	*62.3*	430	*66.2*
TV	198	*59.3*	178	*56.3*	376	*57.8*
Books	197	*59.0*	177	*56.0*	374	*57.5*
Magazines	204	*61.1*	163	*51.6*	367	*56.5*
Textbooks	195	*58.4*	159	*50.3*	354	*54.5*
Newspapers	169	*50.6*	143	*45.3*	312	*48.0*
School charts/ films	140	*41.9*	133	*42.1*	273	*42.0*
Movies	141	*42.2*	118	*37.3*	259	*39.8*
Flyers	106	*31.7*	98	*31.0*	204	*31.4*
Radio	108	*32.3*	91	*28.8*	199	*30.6*
Comics	56	*16.8*	42	*13.3*	98	*15.1*
Others	21	*6.3*	11	*3.5*	32	*4.9*

Table 96: Sources of Information about HIV/ AIDS by Age Group

	15-19 yrs old (n=16)		20-24 yrs old (n=280)		25-29 yrs old (n=294)		30 yrs old and above (n=60)		Total (N=650)	
	f	%	f	%	f	%	f	%	f	%
Internet	8	*50.0*	176	*62.9*	214	72.8	32	*53.3*	430	*66.2*
TV	5	*31.3*	158	*56.4*	180	61.2	33	*55.0*	376	*57.8*
Books	7	*43.8*	153	*54.6*	184	62.6	30	*50.0*	374	*57.5*
Magazines	5	*31.3*	145	*51.8*	183	62.2	34	*56.7*	367	*56.5*
Textbooks	8	*50.0*	159	*56.8*	160	54.4	27	*45.0*	354	*54.5*
Newspapers	4	*25.0*	120	*42.9*	159	54.1	29	*48.3*	312	*48*
School charts/ films	7	*43.8*	117	*41.8*	133	45.2	16	*26.7*	273	*42*
Movies	2	*12.5*	103	*36.8*	131	44.6	23	*38.3*	259	*39.8*
Flyers	3	*18.8*	86	*30.7*	97	33.0	18	*30.0*	204	*31.4*
Radio	3	*18.8*	79	*28.2*	100	34.0	17	*28.3*	199	*30.6*
Comics	1	*6.3*	44	*15.7*	47	16.0	6	*10.0*	98	*15.1*
Others	0	*0.0*	15	*5.4*	13	4.4	4	*6.7*	32	*4.9*

Conclusion

🖹 Call Center Employees: Are they at risk?

This study was conducted to provide a better understanding of young people who are working in call centers in the Philippines and describe attitudinal and behavioral patterns which might put them at risk of HIV and sexually transmitted infections. We are studying a sexually active group, the majority of whom are unmarried. This is about validating the general perception about carefree attitudes and risky health behaviors of fun loving young men and women in urban Manila. It is also about individuals seeking love and wanting to express love.

We found that almost all of the men in this study are no longer virgins. The number of women who ever had sex is not very far behind. We also found that having unprotected sex with multiple sex partners is being practiced. We found men having sex with men and men having sex with women or women having sex with women. This study discovered that many have openly expressed their gender identity deviating from the traditional heterosexual categories while a few are still "undecided." Evidently, these young people are going through the age of experimentation trying to know themselves and their gender identity like many young people in different parts of the world.

In this study, men in general, were all sexually active and consistent condom use is low. Some tend to have more than one partner and usually have unprotected sex with them. However, about more than half of men and MSM feel no anxiety about catching HIV or STI. How then do we intervene with this group having this profile? While sexual abstinence is the most obvious method of preventing sexual transmission of HIV, a substantial proportion of adults and adolescents fail to adopt this strategy (DiClemente & Peterson, 1994). Appropriate and consistent use of condoms represents the most effective strategy to reduce their risk of exposure to HIV and STI. On top of personal barriers, there are religious and political barriers that must be addressed and dealt with, otherwise changing risk perceptions and behaviors remains a formidable mission. Moreover, a number of factors may influence the decision to use condoms during sexual intercourse. This includes age, gender and the cultural norms of this group under study. Psychological factors also come to play such as the individual's sense of control over one's urges, the emotional maturation of the person and the nature of sexual relationship.

This study found that there more men and MSM than women who were worried that they would get infected with STI and HIV. Women tend to have a low evaluation of their risk. Moore et al. (1994) suggested that this downplaying of AIDS risk may represent a defensive response among women to allow denial of unpleasant

realities in their lives like the risk behaviors of a male partner. However, the dangerous repercussions of these perceptions remain imminent since women are equally most at risk for HIV infection. We can learn from Western models of women-oriented programs like increasing sense of power or master, developing sexual communication and negotiation skills, changing perceptions of condoms and their acceptability to partners and increasing comfort around the use of condoms but its effective applicability has to be validated in the local culture.

The MSM is likewise a sub-group that presents complications. Some of them are bi-sexual and some are homosexual. The culture of men having sex with men is so discrete, and not fully integrated into mainstream social network that we highly recommend an ethnographic study of locales where they could be reached and their covert ways of initiating sexual relationships with other men. Unlike gays, MSM lack the institutions available in mainstream gay culture such as gay newspapers, gay political and social organizations and gay businesses. For now, we can only reach them through informal networks which could be amorphous. With some luck, we can reach them through the internet. The challenge therefore is to develop strategies relevant to the lifestyle of MSM. HIV prevention interventions should also take into consideration the women they have sex with.

The Digital World of Youth

In this study, we saw that technology has overtaken the face to face mode in promoting and sustaining the frequency of social interaction. We are now faced with a generational phenomenon of a cyber world meeting highly personal needs e.g., relational and sexual needs of an adolescent and young adult. This reality therefore provides a whole new perspective of how we should relate with young people and influence them positively.

Cell phones are the most popular and the most dependable means of communication among young people today and this is also supported by this survey. Next to cell phones are the various sites in the internet. The internet has achieved the status of being the reliable and brisk *intermediary* of messages to connect and to get acquainted with strangers and friends of friends. The websites have taken over the hard covers and flyers as a source of information on sex and possibly anything new they want to know about with the exception of medical information where an authority figure is equally preferred. The instrumental role of text messaging and researching/surfing or chatting becomes very potent in meeting, socializing and dating, all of which are considered important pre-sexual phases of a sexual relationship. While this is the context of the sexually active youth, many young workers report moderate awareness of STIs and HIV. The next question is, are they ready to change?

The readiness to change does not come immediately.

According to DiClemente's transtheoritcal model of change, it takes some exposure to many events and information campaigns, before a person finds motivation to change. Attention should be given on the modes of relaxation and entertainment or what these young workers do after office. We found that they eat a lot, drink and chill with friends and they enjoy malling. Some go all the way after a wholesome dating. In a way, we find an intersection between a socializing world (other-centered) with the digital world (individual-centered) that warrants a creative change in our prevention interventions. It is the transition of fun activities to a risky sexual activity that merits some focus. Fishbein and his colleagues have stressed in their Theory of Reasoned Action (1994) that we should not lose sight of all these other specific behaviors that do not necessarily constitute as a category of behaviors. Each behavior should be considered unique and may lead to a different chain of events. For these reasons, we must analyze which of these activities could be identified as strong predictors of specific outcome behaviors. What would be a good mix of ways to lead this group of people to a reduced rate of specific high risk behaviors like unprotected sex? Should the interventions happen in the cyberworld alone? Or should AIDS messages be where they are; coffee shops, malls, bars, restaurants or theaters.

The very basic strategy of meeting these young people through the internet—should be at the very least in the top agenda of stakeholders and local organizations. Updating of websites that

continually provide information and motivate young people to come back and visit these websites again will be very helpful to those who are contemplating change at different points in time. Online counseling through chatting or emailing should be a comfortable mode for these people who have been trained to communicate through this mode. Meanwhile, telephone counseling or hotlines could evolve into cell texting.

Changing High Risk Behaviors

In this study, knowledge of STI and AIDS is relatively good i.e. identifying correctly the key symptoms of these diseases but some misconceptions about transmission still prevail among respondents. For instance, a high percentage (>80%) equally believe that these diseases can be acquired through sexual mode, i.e. that they can get HIV through sex with sex workers and sex with people infected with HIV or sex with multiple partners. In spite of this knowledge, we still find high risk behaviors such as low condom use (20%) during last sex, alcohol use during sex, unprotected vaginal and anal sex and unprotected multiple sexual partnerships. It is now known and this is empirically supported that knowledge of HIV risks and guidelines is a necessary but insufficient contributor to risk reduction. Previous studies of gay and bisexual men found that there is a threshold effect wherein little new behavior change will be accomplished by providing additional information (Hays & Peterson, 1994).

There are psychological models which posit the importance of peer support and social norms in this age group. This study identified a type of peer suitable for discussing sex (preference for same sex friend) and for discussing sexually transmitted infections (less preference for co-workers). The theory of planned behavior (Rosenstock, Strecher & Becker, 1994) supports the role of social groups as mentioned. In addition to beliefs about their vulnerability to sexual diseases, there are normative influences on young people's sexual behavior. Among adolescents and young adults, social approval of same age peers could be a powerful motivator. Parents of young women could also be an influential normative group. A previous study by Jemmott III and Jemmott (1994) have attempted to test the outcomes of interventions where mothers were helped to influence their daughters' health related behaviors using the social-cognitive approach.

It was found that among gay men, a powerful predictor of risk reduction is the belief that one's peers engaged in and support low-risk sex and disapprove of high-risk sex. If this model is adopted, there is a need to educate peers thoroughly and to establish unambiguous information such as the meaning of such concepts as low-risk sex and high risk sex to assure reliable informative exchange. It should be noted that peer exchange of misinformation are equally likely to occur in this situation if left unchecked. Findings of this research appear to imply that support from medical authorities does matter. This means that there has to be more vigorous campaign

towards expert-assisted dissemination of technical and medical information and care within the work environment to facilitate access. The preference for doctors, nurses or health workers were expressed among survey respondents when it comes to seeking help on problems related to STI or AIDS.

How then can we best interpret these results so that we learn to flow with this group and truly influence personal changes when we talk about AIDS? How do we design our interventions with this group when their anticipated normative psychological profile is that of extraversion, high openness, sensation seeking and lack of constraint? How do we validate and use this information to design our interventions. How far can we use workplace interventions to meet our health targets without misfiring? How do we make our information compete with other available information? How do we sell the idea of using condoms? How do we plan to reach MSM, an elusive group to start with? How do we intervene in their private world (when in fact it is personally preferred to be kept private) without being perceived as in intruder? While we prepare to find answers to these questions, we would like to remind our colleagues not to forget to study/evaluate the impact of these actions and document the processes with which they have been formed.

The workplace as an avenue for dealing with this litany of challenges may have its advantages and good prospects. The structure of the workplace is perceived as an important safe place that defines

their status and self-identity at this early point of their careers. AIDS prevention programs can work within the ongoing management structure within the workplace and can also create informal social structures to reinforce its activities. Peer co-employees are seen as a primary source of social support and as models for certain behaviors. Same sex peers, this study found, are preferred for discussing sex. There are other factors like having more co-workers who are within their age; and working in a self-contained social environment that can facilitate the delivery of AIDS prevention services by tapping these acceptable agents of change.

Knowing who they are i.e., late adolescents to young adults in transition, and how they are nurtured by a technological world will enable stakeholders to have a deeper connection with the world of these young workers. We believe that we should reflect upon the key psychological principles for reducing risky behaviors. Some of these include: 1) help young people exercise impulse control, 2) identify social reinforcement for delayed gratification of needs, 3) teach positive values such as respect for a faithful relationship, and 4) encourage informed decision making. The avenues for integrating these principles could be through existing human resource development thrusts of the company. These principles could be taught via existing leadership or management programs and cultivation of work style that reinforce these principles. We hope that whatever cognitive, attitudinal or behavioral results that come out of these mainstream programs will snowball to the real life arena of a young

worker whether he or she is in a relationship.

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Dear Respondent,

Thank you very much for agreeing to answer this survey.

This survey is being conducted by a group of psychologists from the Ateneo de Manila University together with NGOs and development agencies working on sexual health. The questionnaire includes questions about your self, your work, your friends, your relationships, your lifestyle, and your sexual activities. There are also questions about sexually-transmitted infections (STIs) and HIV/AIDS.

We know that some of the information you will share are very private. We assure you that the information obtained from you shall be treated as **CONFIDENTIAL**. To maintain your anonymity, we will never ask you for your name or any information that will identify who you are such as your home address or contact numbers. The final report will not identify any company or any individual respondent since the study will report group data or statistics.

Your participation in this study will be extremely helpful in identifying the sexual health needs of young employees today and in designing programs that effectively meet these needs. To ensure the quality of this survey, we hope that you will give only your truthful responses. Remember that there are no right or wrong answers. Your most honest answers will help promote the quality of this research.

If at anytime you wish to stop answering the questionnaire, you may do so. If you do not want to answer a specific question, you may also do so. Once you are done, kindly put the questionnaire in the envelope provided and return to the person administering this survey.

For any questions or concerns regarding this survey, you may contact us by email through imelgar@ateneo.edu.

Once again, thank you very much.

Sincerely yours,

DR. MA. ISABEL E. MELGAR
Psychology Department
Ateneo de Manila University

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FOR SURVEY ADMINISTRATOR ONLY	FOR DATA ENCODER ONLY
Survey Questionnaire Control Number: _____	Raw Data Control Number: _____
Date of Administration: _____	File Name: _____
Time of Administration: _____	Date of Encoding: _____
Company: _____	Time Start: _____
Address: _____	Time End: _____
Survey Administrator: _____	Data Encoder: _____

INSTRUCTIONS: For each question, please check ✓ the most appropriate answer that best describes your situation.

A. Personal Demographics

A1. Gender: ☐ Male ☐ Female ☐ Others

A2. Age : ____ years.

A3. Birthdate: Month: _____ Day: _____ Year: _____

A4. Which province/ locality did you live in most of your life? _____

A5. What is the highest level of education that you have completed?
☐High school graduate ☐ Undergraduate Level ☐ College graduate ☐MA/Graduate Level
☐ MA graduate ☐ Others: _____

A6. Religion: ☐Roman Catholic ☐Protestant ☐ Iglesia ni Cristo ☐ Aglipay
☐Baptist ☐Christian ☐7th Day Adventist ☐ Muslim
☐ None ☐Others (specify): _____

A7. Do you live in a ____? ☐ Private residence
☐Private residence with boarders/ bedspacers
☐Apartment or Condominium
☐ Boarding house/ Dormitory
☐Others (specify): _____

A**8.** At present, who do you live with most of the time? (Check all that apply.)
☐With parents ☐ With siblings ☐With relatives
☐ With partner/lover/spouse ☐With my children ☐ With friends
☐ Alone ☐ Other people not mentioned (specify): _____

A9. What is your current marital status? ☐ Married ☐Unmarried ☐Separated ☐Divorced

A10. What is your current relationship status? ☐ Single ➔ ***(IF SINGLE, GO to Question A12)***
☐ Dating
☐ In a relationship ☐ In an open relationship
☐ It's complicated, please explain:_____

A11. You are currently dating/ in a relationship/ in an open relationship/ it's complicated with _____? ☐ a same-sex partner ☐ an opposite-sex partner ☐ more than one partner

A12. From the following statements, which best describes your current situation:
☐ Currently married and living with spouse.
☐ Currently married and living with sexual partner (not spouse).
☐ Currently married and not living with spouse or sexual partner.
☐ Not married and living with sexual partner.
☐ Not married and not living with sexual partner.
☐ Not applicable, please explain:_____

B. Professional Demographics

B1. How would you best describe the type of BPO/ call center you currently work in?

☐ Customer Relationship Management Center ☐ Telemarketing Call Center
☐ Inbound Call Center ☐ Virtual Call Center
☐ Interactive Call Center ☐ Web-Enabled Call Center
☐ Outbound Call Center ☐ Others (specify): _____
☐ Phone Call Center

B2. How long have you been at the BPO/call center you currently work in? ___ yrs. ___ months

B3. What is your primary role in the BPO/ call center you currently work in?

☐ Inbound agent
☐ Outbound agent
☐ Manager/Team leader (Operations, Project, Quality, etc.)
☐ Others (specify): _____

B4. Do you work ☐ part time or ☐ full time?

B5. What is your current shift schedule? _____time in _____time out

B6. What is your monthly salary? ☐ Below P14, 000 ☐ P15, 000 – P20, 000
☐ P21, 000 - P25, 000 ☐ Above P25, 000

B7. How much do you spend for your family? _____% of income (e.g. 50%)

B8. How much do you spend for yourself? _____ % of income (e.g. 50%)

B9. How much do you spend for gimmicks, dates, hanging out, etc.?
_____ % of income (e.g. 50%)

B10. How many people do you regularly support? _____ people *(if none, put 0/zero).*

B11. Have you ever worked abroad? ☐Yes ☐No ➔ ***(IF NO, GO to Question C1.)***

B12. For how long? _____ years _____ months.

B13. What was the nature of your work?

☐ Seafarer/seaman ☐ Domestic helper ☐ Technical ☐ Professional
☐ Others (specify): _____

C. Relationships and Lifestyle

C1. You usually hang out with ____? ☐ males ☐ females ☐ both males and females

C2. What activities do you and your friends enjoy doing? (Check all that apply.)

☐ Bar/club hopping ☐ Going to church ☐ Watching movies
☐ Sports ☐ Outing/ Excursion ☐ Shopping/window-shopping
☐ Computer gaming ☐ Watching TV/videos ☐ Eating
☐ Drinking (alcohol) ☐ Driving around ☐ Hanging out in coffee shops
☐ Hanging around ☐ Cruising ☐ Others (specify):_____

C3. Have you fallen in love with ____? ☐ males ☐ females ☐ both males and females

C4. Are you sexually attracted to ____? ☐ males ☐ females ☐ both males and females

C5. You have romantic relationships with ____? ☐ males ☐ females ☐ both males and females

C6. How do you identify yourself? ☐ Gay ☐ Lesbian ☐ Bisexual
☐ Heterosexual (straight man/woman) ☐Undecided
☐ Others (specify): _____

C7. Where do you usually go on a date? (Check all that apply.)
☐ Movie house ☐ Club/ Bar ☐ Park ☐ Lunch Out/Dine out
☐ Cultural Shows/concerts/plays ☐ Hotel/motel ☐ Friend's house ☐ Shopping Malls
☐ Partner's (Gf/ Bf) home ☐ Church ☐ Others (specify): _____
☐ Not applicable

C8. When you go out on dates, do you have sex or go "all the way"?
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never ☐ Not applicable

C9. What internet activities do you engage in? (Check all that apply.)
☐ Social Networking (e.g., Friendster) ☐ Random surfing
☐ Research ☐ Watching pornographic sites
☐ Emailing ☐ Settling of accounts (i.e. payment of bills)
☐ Watching videos (e.g., Youtube) ☐ Online games
☐ Chatting ☐ Others (specify):_____

C10. Have you dated someone you met using the formats below? (Check all that apply.)
☐ Dating sites in the internet ☐ Social networking sites in the internet
☐ Chat rooms in the internet ☐ Posts or messages on TV
☐ Text messages ☐ Other media (specify):_____
☐ Not applicable

C11. Have you had sex with someone you met using the formats below? (Check all that apply.)
☐ Dating sites in the internet ☐ Social networking in the internet
☐ Chat rooms in the internet ☐ Posts or messages on TV
☐ Text messages ☐ Other media (specify):_____
☐ Not applicable

C12. During the past month, how often did you drink alcohol?
☐ Everyday ☐ More than 3x a week ☐ Once or twice a week ☐ None ☐Not applicable

C13. At what age did you start drinking alcohol?
☐ Below 13 years old ☐ 13-16 years old ☐ 17-20 years old ☐ 21 years old & above
☐ Not applicable

C14. Some people have tried different types of drugs. Which of the following have you tried?
(Check all that apply.) ☐ Shabu ☐ Ecstasy ☐ Marijuana ☐ Valium
☐ Others (specify): _____ ☐ Not applicable

C15. During the past month, how often have you taken drugs?
☐ Everyday ☐ More than 3x a week ☐ Once or twice a week ☐ None ☐Not applicable

C16. Some people have tried injecting drugs. Have you injected drugs in the last 12 months?
☐ Yes ☐ No

C17. Some people have shared needles when injecting drugs. Have you shared needles in the last 12 months? ☐Yes ☐ No

D. Information about Sex, STIs, & HIV/AIDS

STIs *are Sexually-Transmitted Infections.*
HIV *is the Human Immunodeficiency Virus that causes AIDS.*
AIDS *is Acquired Immunodeficiency Syndrome, a disease that destroys the body's immune system.*

EXAMPLE ON HOW TO ANSWER THIS SECTION:

If you are comfortable to talk about sex with co-workers but not STIs and HIV / AIDS, put a check in the box ☑ under A.Sex for co-workers.

If you are comfortable to talk about sex and STIs, but not HIV / AIDS with same-sex friends, put a check in the box ☑ under A.Sex, B. STIs, and C. HIV / AIDS for friends (same-sex).

Your answers would look like the example below:

D1. With whom are you most comfortable to discuss: (Check all that apply.)	**A**. Sex	**B.** STIs	**C.** HIV/ AIDS
a. Co-workers	☑	☐	☐
b. Friends (same-sex)	☑	☑	☐

D1. With whom are you most comfortable to discuss: (Check all that apply.)	**A**. Sex	**B.** STIs	**C.** HIV/ AIDS
a. Co-workers	☐	☐	☐
b. Friends (same sex)	☐	☐	☐
c. Friends (opposite sex)	☐	☐	☐
d. A family member (e.g., brother, sister, parent)	☐	☐	☐
e. Partner (romantic partner/sexual partner)	☐	☐	☐
f. A medical doctor/ nurse/ health professional	☐	☐	☐
g. A priest/ minister / religious	☐	☐	☐
h. A teacher	☐	☐	☐
i. Others (specify): _____	☐	☐	☐

D2. Where do you get your information about: (Check all that apply.)	**A**. Sex	**B.** STIs	**C.** HIV/ AIDS
a. Textbooks	☐	☐	☐
b. Books	☐	☐	☐
c. Magazines	☐	☐	☐
d. Newspapers	☐	☐	☐
e. Comics	☐	☐	☐
f. TV	☐	☐	☐
g. Movies	☐	☐	☐
h. Radio	☐	☐	☐
i. Flyers	☐	☐	☐
j. School charts/ films	☐	☐	☐
k. Internet	☐	☐	☐
l. Others (specify): _____	☐	☐	☐

E. Sexual Behaviors

Sex *here refers to vaginal sex (or sexual intercourse), anal sex, and oral sex.*

E1. Have you ever had sex? ☐ Yes ☐ No ➔ ***(IF you answered NO, GO to the next Section F or Question F1)***

E2. At what age did you start having sex? _____ (age in years)
(sex here is consensual sex, not forced sex or sexual abuse)

E3. How many times have you had sex in the past three (3) months?
☐ None ☐Once ☐ 2x ☐ 3x ☐ 4x ☐ 5x ☐ 6-10x ☐ 11-15x
☐ 16-20x ☐ More than 20x

E4. How many times have you had sex in the past one (1) month?
☐ None ☐Once ☐ 2x ☐ 3x ☐ 4x ☐ 5x ☐ 6-10x ☐ 11-15x
☐ 16-20x ☐ More than 20x

E5. Have you ever had sex with a ***F****emale*? ☐ Yes ☐ No

E6. Have you ever had sex with a ***M****ale*? ☐ Yes ☐ No

E7. How many ***F****emales* have you had sex with in the past twelve (12) months?
☐ zero (0) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5-10 ☐ More than 10 ☐ Not applicable

E8. How many ***M****ales* have you had sex with in the past twelve (12) months?
☐ zero (0) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5-10 ☐ More than 10 ☐ Not applicable

E9. Have you ever had sex with a ***F****emale* who is not your girlfriend/partner? ☐ Yes ☐ No

E10. Have you ever had sex with a ***M****ale* who is not your boyfriend/partner? ☐ Yes ☐ No

E11. Have you ever paid to have sex with a ***F****emale*? ☐ Yes ☐ No

E12. Have you ever paid to have sex with a ***M****ale*? ☐ Yes ☐ No

E13. In the past 3 months, have you paid for sex? ☐ Yes ☐ No ➔ (***IF NO, GO to E16)***

E14. How many times have you paid for sex in the past three (3) months?
☐ None ☐Once ☐ 2x ☐ 3x ☐ 4x ☐ 5x ☐ 6-10x ☐ 11-15x
☐ 16-20x ☐ More than 20x

E15. How often do you use a condom when you pay for sex?
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

E16. In the past 3 months, have you been paid for sex? ☐ Yes ☐ No ➔ ***(IF NO, GO to E19)***

E17. How many times have you been paid for sex in the past three (3) months?
☐ Once ☐ 2x ☐ 3x ☐ 4x ☐ 5x ☐ 6-10x ☐ 11-15x ☐ 16-20x ☐ More than 20x

E18. How often do you use a condom when you are paid for sex?
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

E19. In the past 3 months, have you had sex while you were drunk? ☐ Yes ☐ No ➔ ***(IF NO, GO to E21)***

E20. How often do you use a condom when you have sex while you were drunk?
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

E21. In the past 3 months, have you had sex while you were using drugs? ☐ Yes ☐ No ➔ ***(IF NO, GO to E23)***

E22. How often do you use a condom when you have sex while using drugs?
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

E23. In the past 3 months, have you had vaginal sex? ☐ Yes ☐ No ➔ ***(IF NO, GO to E25)***

E24. How often do you use a condom when you engage in vaginal sex?
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

E25. In the past 3 months, have you had anal sex in which you were the receptive partner?
☐ Yes ☐ No ➔ ***(IF NO, GO to E27)***

E26. How often do you use a condom when you engage in anal sex in which you were the receptive partner?
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

E27. In the past 3 months, have you had anal sex in which you were the insertive partner?
☐ Yes ☐ No ➔ ***(IF NO, GO to E29)*** ☐ Not applicable ➔ ***(If N.A., GO to E29)***

E28. How often do you use a condom when you engage in anal sex in which you were the insertive partner?
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

E29. In the past 3 months, did you *give* oral sex? ☐ Yes ☐ No

E30. In the past 3 months, have you engaged in mutual masturbation? ☐ Yes ☐ No

E31. Where have you had sex in the past 3 months? (Check all that apply)
☐ In a house or private residence.
☐ In a hotel/motel.
☐ In a public place like a bar/club, movie house, or park.
☐ In the workplace.
☐ Others (specify):_____

E32. The last time you had sex, did you use a condom? ☐ Yes ☐ No
➘ ***(IF YES, GO to E33).***

E33. Why did you not use a condom the last time you had sex? (Check all that apply)

☐ I did not think it was needed. ☐ I was with my girlfriend/boyfriend.
☐ I wanted to have sex right away. ☐ There was no condom available.
☐ My sexual partner did not want to use a condom.
☐ Others (specify):_____

E34. Can you get a condom every time you need one? ☐ Yes ☐ No ☐ Not applicable

➘ ***(IF YES, GO to E36).***

E35. Why can't you get a condom every time you need one? (Check all that apply)

☐ Costs too much/too expensive. ☐ Shop/drugstore too far away.
☐ Shop/drugstore closed. ☐ Feel shy to buy a condom.
☐ Don't know where to buy a condom. ☐ My sexual partner does not want to use a condom.
☐ Others (specify):_____

E36. Where do you usually get a condom? (Check all that apply)

☐ Shop/drugstore ☐ Hospital/clinic
☐ Friends ☐ Co-workers
☐ Others (specify):_____

E37. How easy is it for you to talk about using a condom during vaginal or anal sex?

☐Very easy ☐Easy ☐ Hard ☐Very hard ☐ Not applicable

E38. How easy is it for you to refuse vaginal or anal sex without a condom?

☐Very easy ☐Easy ☐ Hard ☐Very hard ☐ Not applicable

E39. If ever, will you refuse to have vaginal or anal sex without a condom?

☐Definitely yes ☐Maybe yes ☐Not sure ☐Maybe no ☐Definitely no ☐Not applicable

E40. Which one of the following is true of you?

I have sex to express love.	☐True	☐False
I have sex because I feel horny.	☐True	☐False
I have sex for the excitement of it.	☐True	☐False
I have sex to prove to myself that I am an attractive person.	☐True	☐False
I have sex to cope with upset feelings.	☐True	☐False
I have sex to cheer myself up.	☐True	☐False
I have sex because other friends do.	☐True	☐False

F. STI & HIV/AIDS Knowledge & Attitudes

(THIS SECTION IS FOR MEN ONLY)

F1-MEN. Here is a list of symptoms that some men feel and experience sometime in their life. Have you ever/ felt experience this in the past?

a. Painful urination	☐ Yes	☐ No
b. Itching in the genital area	☐ Yes	☐ No
c. Penile discharge	☐ Yes	☐ No
d. Genital warts/ulcers	☐ Yes	☐ No
e. Impotence	☐ Yes	☐ No
f. Delayed ejaculation	☐ Yes	☐ No
g. Pre-ejaculation	☐ Yes	☐ No
h. Urethral discharge	☐ Yes	☐ No
i. Sores or scabs in the genital area	☐ Yes	☐ No
j. Pus or pus-like discharge from the anus	☐ Yes	☐ No
k. Swellings/lumps	☐ Yes	☐ No

(THIS SECTION IS FOR WOMEN ONLY)

F1-WOMEN. Here is a list of symptoms that some women feel and experience sometime in their life. Have you ever/ felt experience this in the past?

a. Painful urination	☐ Yes	☐ No
b. Itching in the genital area	☐ Yes	☐ No
c. Vaginal discharge	☐ Yes	☐ No
d. Genital warts/ulcers	☐ Yes	☐ No
e. Frigidity	☐ Yes	☐ No
f. Urethral discharge	☐ Yes	☐ No
g. Sores or scabs in the genital area	☐ Yes	☐ No
h. Pus or pus-like discharge from the anus	☐ Yes	☐ No
i. Swellings/lumps	☐ Yes	☐ No

(THIS SECTION IS FOR ALL)

F2. If you answered YES to any of the symptoms above, what did you do when you experienced these symptoms? (Check <u>all</u> that apply)

☐ Surfed the internet
☐ Self-medicated ➔ ***(GO to question F3.)***
☐ Consulted a friend
☐ Consulted a doctor/health professional ➔ ***(GO to question F4.)***
☐ Others (specify):_____
☐ Called a hotline/helpline
☐ Did not do anything

F3. If you self-medicated, what medicine did you take?
☐ Bactrim ☐ Amoxicillin ☐ Herbal medicine ☐Others (Specify):_____

F4. If you went to a health professional for treatment, where did you go?
☐ Office clinic ☐ Other private clinic
☐ Hospital ☐ Social hygiene clinic
☐ Barangay health center ☐ Others _____

F5. Have you heard of STIs? ☐ Yes ☐ No

F6. Which of the following are STIs? (Check all that apply)

☐ Malaria	☐ Hepatitis A	☐ Herpes
☐ Tuberculosis	☐ Syphilis	☐ Dengue
☐ Cancer	☐ HIV/AIDS	☐ Gonorrhea

F7. What do you think are the symptoms of STIs?
(Check the appropriate box for each statement.)

a. None	☐ Yes	☐ No	☐ Don't know
b. Itching in the genital area	☐ Yes	☐ No	☐ Don't know
c. Penile/vaginal discharge	☐ Yes	☐ No	☐ Don't know
d. Feeling of weakness/getting sickly	☐ Yes	☐ No	☐ Don't know
e. Painful urination	☐ Yes	☐ No	☐ Don't know
f. Sores in the genital area or sexual organ	☐ Yes	☐ No	☐ Don't know
g. Abdominal pain	☐ Yes	☐ No	☐ Don't know
h. Body sores	☐ Yes	☐ No	☐ Don't know
i. Foul smelling discharge	☐ Yes	☐ No	☐ Don't know
j. Swellings in groin area	☐ Yes	☐ No	☐ Don't know

F8. Have you heard of HIV/AIDS? ☐ Yes ☐ No

F9. From what you know about HIV/AIDS, how do you think it is acquired?
(Check the appropriate box for each statement.)

a. Through sexual intercourse with sex workers/ prostitutes	☐ Yes	☐ No	☐ Don't know
b. Through sexual intercourse with more than one partner	☐ Yes	☐ No	☐ Don't know
c. Through sexual intercourse with the same sex	☐ Yes	☐ No	☐ Don't know
d. Through kissing	☐ Yes	☐ No	☐ Don't know
e. Through blood transfusion	☐ Yes	☐ No	☐ Don't know
f. Through injection	☐ Yes	☐ No	☐ Don't know
g. Through the air	☐ Yes	☐ No	☐ Don't know
h. Through mosquito bites	☐ Yes	☐ No	☐ Don't know
i. By sitting on public toilet bowls	☐ Yes	☐ No	☐ Don't know
j. Being in the same room with someone who is infected with HIV/AIDS	☐ Yes	☐ No	☐ Don't know
k. Sharing a meal with someone who is infected with HIV/AIDS	☐ Yes	☐ No	☐ Don't know
l. Shaking the hands of someone who is infected with HIV/AIDS	☐ Yes	☐ No	☐ Don't know
m. Kissing someone who is infected with HIV/AIDS	☐ Yes	☐ No	☐ Don't know
n. Having sexual intercourse with someone who is infected with HIV/AIDS	☐ Yes	☐ No	☐ Don't know

F10. From what you know about HIV/AIDS, who are most likely to get infected with HIV? (Check the appropriate box for each statement.)

a. Nobody	☐ Yes	☐ No	☐ Don't know
b. Everybody	☐ Yes	☐ No	☐ Don't know
c. Men who have sex with men	☐ Yes	☐ No	☐ Don't know
d. Drug users	☐ Yes	☐ No	☐ Don't know
e. Those who have sexual intercourse with multiple partners	☐ Yes	☐ No	☐ Don't know
f. Those who have sexual intercourse with sex workers/ prostitutes	☐ Yes	☐ No	☐ Don't know
g. Call center agents	☐ Yes	☐ No	☐ Don't know

F11. From what you know about HIV/AIDS, do you agree with the statements below on how HIV/AIDS can be prevented? (Check the appropriate box for each statement.)

a. Abstain from sex.	☐ Yes	☐ No	☐ Don't know
b. Having sex with one faithful partner reduces (monogamy)	☐ Yes	☐ No	☐ Don't know
c. Avoid sex with sex workers/prostitutes.	☐ Yes	☐ No	☐ Don't know
d. Avoid sex with men who have sex with men	☐ Yes	☐ No	☐ Don't know
e. Avoid sex with men who pay for sex.	☐ Yes	☐ No	☐ Don't know
f. Take a shower before having sex.	☐ Yes	☐ No	☐ Don't know
g. Take antibiotics before having sex.	☐ Yes	☐ No	☐ Don't know
h. Use a condom correctly every time you have sex.	☐ Yes	☐ No	☐ Don't know
i. Avoid physical contact with a person who is infected with HIV/AIDS.	☐ Yes	☐ No	☐ Don't know
j. HIV/AIDS cannot be prevented.	☐ Yes	☐ No	☐ Don't know

F12. From what you know about HIV/AIDS, do you agree with the statements below? (Check the appropriate box for each statement.)

a. A healthy-looking person can be infected with HIV/AIDS.	☐ Yes	☐ No	☐ Don't know
b. A pregnant woman infected with HIV/AIDS can transmit the virus to her unborn child.	☐ Yes	☐ No	☐ Don't know
c. There is no cure for AIDS.	☐ Yes	☐ No	☐ Don't know
d. Only men who have sex with men (or gay men) can get HIV/AIDS.	☐ Yes	☐ No	☐ Don't know
e. Women cannot get HIV/AIDS.	☐ Yes	☐ No	☐ Don't know
f. Birth control pills can protect a woman from getting HIV/AIDS.	☐ Yes	☐ No	☐ Don't know

F13. If an applicant to your office has HIV but is not sick and is qualified to do the job, should he or she be accepted? ☐Yes ☐ No ☐ Don't know

F14. How worried are you that you might get HIV/AIDS?
☐ Very much ☐ Somewhat ☐ A little ☐ Not at all

F15. How worried are you that you might get an STI?
☐ Very much ☐ Somewhat ☐ A little ☐ Not at all

F16. Have you ever had an HIV test in the last 12 months? ☐ Yes ☐ No ➔ ***(IF NO, GO to F18)***

F17. Did you get the result of this test? ☐ Yes ☐ No

F18. Do you feel that you are at risk of infection with HIV? ☐ Yes ☐ No ➔ ***(IF NO, GO to F21.)***

F19. How high do you think is your own level of risk to HIV infection? (Please rate from 1 to 5.)
- ☐ 1 = lowest risk
- ☐ 2 = low risk
- ☐ 3 = moderate risk
- ☐ 4 = high risk
- ☐ 5 = highest risk

F20. Why do you feel that you are at risk for HIV infection?
(Please check all that apply ***then, GO To F22***)
- ☐ Because I often change sex partners
- ☐ Because I don't always use a condom
- ☐ Because I inject drugs
- ☐ Others, specify _____

F21. Why do you feel that you are not at risk of HIV infection? (Please check all that apply.)
- ☐ Because I have only one sex partner
- ☐ Because I always use condoms
- ☐ Because I have never injected drugs
- ☐ Because I'm convinced my partner is clean
- ☐ Because I don't do anal sex
- ☐ Because I never/rarely have sex with sex workers
- ☐ Others, specify _____

F22. Do you know where you can go for HIV/AIDS testing? ☐ Yes ☐ No

F23. Do you know where you can go for STI testing? ☐ Yes ☐ No

F24. Have you ever participated in an HIV/AIDS prevention program? ☐ Yes ☐ No

F25. Does your company have an HIV/AIDS prevention program? ☐ Yes ☐ No

F26. Have you participated in your company's HIV/AIDS prevention program? ☐ Yes ☐ No

F27. Do you think there is a need for more HIV/AIDS prevention programs? ☐ Yes ☐ No

END OF THE SURVEY THANK YOU VERY MUCH*

March 24, 2009

Dear _____,

Greetings!

The International Labor Organization, in partnership with the Philippine NGO Support Program (PhanSup) are currently taking initiatives to promote workplace wellness among young workers. Of utmost concern is reducing the risk for sexually transmitted infections and protecting the sexual health of this target group. However, no programmatic efforts can effectively address these health needs without baseline information and data.

In response to this, a research team from the Ateneo de Manila University (led by the undersigned) was engaged to conduct a research survey on call center employees. This survey will provide stakeholders a baseline assessment on the vulnerability of young workers to sexually transmitted infections and HIV. In the long term, the collaborating agencies hope to partner with private companies in providing AIDS education, counseling and other AIDS prevention measures. The abstract of the proposed survey study is attached for your further perusal.

Phase 1 (March-April 09) of the research will be a survey of call center employees ages 18-29 years old. As soon as this is completed, this will be followed by Phase 2 (June-August 09) where focus groups and interviews will be conducted to discuss in greater depth sexual health issues. The survey is now being administered in various call centers and we hope your company will agree to be part of this important endeavor. We would like to assure you that no companies nor individuals will be identified in the final Technical Report of the said survey and you shall also be invited to an invitational dissemination forum after the results have been analyzed.

With your consent, a meeting between our research staff or an NGO representative may be arranged with your company the soonest possible to find a feasible procedure for the survey.

Should you have questions and clarifications, you may contact me at 932-2998 or 426-5905 or at cell no. 0920-9532409.

Thank you very much.

Sincerely yours,

Isabel Echanis-Melgar, Ph.D.
Head of Research Team
Ateneo de Manila University

Risk behaviors for HIV and STI among young employees in the Philippines (Phase 1)

Abstract

Background:
Young people in the Philippines in recent years have been identified as a population to watch because of the emerging behavioral patterns and lifestyle that could put them at risk for HIV infection and other sexually-transmitted infections. Call center employees who in their youth have a profile of good income, stressful job, closed social network and unusual working hours present some health concerns. However, very little is known about the dating, socialization and sexual lifestyle about this population. No risk assessment has ever been done to appraise their susceptibility to sexually transmitted infections. The results of this study aims to provide stakeholders deeper understanding of this particular group of people and provide the direction for future relevant sexual health programs in the workplace.

The Study:
This study will use a cross-sectional design through a self-administered survey of some 600-800 target male and female call center employees in Metro Manila with ages 18-29 years old. It aims to generate both descriptive (e.g. proportions and prevalence of specific behaviors and knowledge) and analytic data (e.g. relationship between specific demographic variables and outcome variables). Data generated by this study will be compared with previous national survey on the youth sector such as the 2002 Young Adult and Sexuality Study (YAFS 3).
The questionnaire will consist of the following domains:

7. Individual and Demographic Characteristics
8. Source of Information/ Exchange of information/opinion
9. Friendship, Dating and forms of entertainment
10. Sexual Behavior including cybersex
11. STI and AIDS knowledge and attitudes
12. Health care practices (condoms, medical consults, etc.)

Procedure:
Companies will be invited to participate in the study. Upon consent, the employees who meet the inclusion criteria in terms of age and working shift will be randomly selected. Each participant will also be provided with a letter of consent.

Data Management and Publication:
All questionnaires will be kept anonymous. Collected data will be encoded and analyzed at the Ateneo de Manila University, Psychology Department. The results and analysis of the data will be disseminated through an invitational forum. A full technical report will also be available.