



alagad

## COAXING THE SPECTRE FROM THE SHADOWS: HIV-AIDS AND STD PREVENTION



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Alma Lusanta-Mondragon,  
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One issue about which the Philippines can be proud to be in the “low and slow” category (low in prevalence and slow in transmission) is the HIV-AIDS epidemic. The global estimate, after all, is 50 million cases. As of January 2004, the National Epidemiology Centre of the Department of Health recorded 1,979 cases of people with HIV-AIDS, a prevalence rate of less than 1 percent.

The cases of HIV-AIDS in the country were acquired through all known modes of transmission, indicating that the virus is just like a bomb waiting to explode absent the efforts to defuse it. Another cause for alarm is the prevalence of sexually transmitted diseases, which are co-factors for HIV transmission and can increase the risk of HIV infection as much as tenfold. An STD prevalence study in Davao City showed that 2.7 percent of policemen and 7.5 percent of antenatal women surveyed were positive for Chlamydia.

Most of the related programs and services, moreover, are concentrated in the highly urbanized and populated areas such as Davao City, General Santos City, Zamboanga City, Cagayan de Oro, Cotabato City and Butuan City. Forty percent of the region’s accredited laboratories

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conducting HIV antibody testing are found in Region XI (Davao Region) alone. The rural health units (RHUs) performing STD tests are found only in the urban centres. In Central Mindanao, no testing is conducted outside of Iligan City and Cotabato City, while in the entire Eastern Mindanao (CARAGA), no such testing is available whatsoever.

Finally, there is no HIV-AIDS reference laboratory in Mindanao that can ensure whether samples are being re-tested to eliminate false positives and false negatives. The reagents and other laboratory supplies required, it should also be said, are not available year-round.

In short, many could be slipping through the large holes in the net.

So far, there are 20 known HIV-AIDS cases in the region: 11 in Davao City, seven in General Santos City and two in Zamboanga City. Of these, only 13 were detected by the government social hygiene clinics. HIV-AIDS testing is done throughout the region only twice a year, to no more than 600 clients at any one time.

### **First Ever**

No wonder then that the first Mindanao-wide conference on HIV-AIDS and STDs, held on 24-26 May 2000, drew attention far beyond the expectations of the organisers, the Alliance Against AIDS in Mindanao (ALAGAD), together with concerned private medical practitioners. “We planned for only 300 participants,” said Alma Lusanta-Mondragon, executive director of ALAGAD. Instead, the conference venue in Davao City was bursting with the 504 representatives from government, business and civil society organisations, as well as indigenous communities’ organisations, the academe and church.

A number of development organisations including Canada Fund for Local Initiatives sponsored the conference. The support from Canada Fund for Local Initiatives went specifically to the conference’s detailed documentation, which was published as three separate compilations of the presentations of the different stakeholders, and the assorted problems, issues and suggestions that four parallel workshops surfaced.

In addition to limited monitoring and surveillance, for example, lesser-known high-risk groups within the region were identified. The conference was occasion to share the findings of a Mindanao State University survey among the deep-sea fishermen in General Santos City, the top exporter of high-grade fish in the Philippines which, in turn, is the world’s second largest supplier of tuna, after Thailand.



(left) The packed ballroom during the conference; (right) Participants waiting to sign the final declaration of the conference



### Vulnerable Groups

There are as many as 17,000 deep-sea commercial fishermen in the city. They could be out in the sea for weeks, reaching as far as the Pacific Ocean, and in the waters of Indonesia and Sabah in Malaysia. Majority of the men set aside part of their earnings for the “nightlife” upon reaching foreign ports. Liaisons with commercial sex workers are common, particularly in Jaya, Indonesia, where STD incidence is high. At least 90 percent of the men surveyed returned home with STD infection, while more than 70 percent reported immediately sleeping with the wife upon their return.

The use of penile implants is common among the fishermen, yet few are aware of the advantages of condom use. One admitted to contracting STD while a wound from the implant was still fresh, and then passing this on to his wife.

In addition, the job requires the men to be constantly alert for the big catch, and the incidence of drug abuse is high, with more than 60 percent of them sharing needles.

Mike Malinay, a staff of ALAGAD’s education programme, points out the bigger picture: 32 percent of reported HIV-positive cases, according to the National Epidemiology Centre, were Overseas Filipino Workers (OFWs). Majority of these (74 percent) were men.

The lack of access to the basic social services of the indigenous communities in Mindanao also renders them vulnerable to the spread of HIV-AIDS and STDs. Mike narrates the case of one Lumad who was diagnosed to be HIV-positive by sheer accident. She was diagnosed in the course of an anti-malaria campaign in her community. “Who knows how many more cases of undetected HIV-AIDS are out there?” Mike said.

During the conference’s solidarity night, the discussions were more candid and intimate, and the discussions on the health perils of Mindanao flowed more freely.

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### Taken for Granted

The conference was also opportunity for advocates for the protection of prostituted women to reiterate their concerns. Only one-half of the estimated 6,000 prostituted women in Davao City alone, for example, are registered establishment-based sex workers (so-called “bar girls”), and only one-third undergo the health clearance tests required. “The tests are expensive for the girls at PhP40 (Cdn\$1),” noted Felicidad “Fely” Prieto of the support group Lawig Bubai, “PhP45 (Cdn\$1.12) even if you pass through a fixer [to avoid the queues].” Although the women from first-class establishments may earn PhP300 (Cdn\$7.50) a night, the income is highly irregular. The women in class-B and class-C clubs earn an average of PhP50 (Cdn\$1.25) a night, “sometimes nothing,” Fely said, as their earnings depend on the number of customers.

The women’s basic argument on the smear tests, however, is that these should be for free because they are already paying their “licenses.”

There are two other reasons for the girls’ hesitation to submit to the tests, and they are related. First is the stigma attached to women in prostitution. Second is the lack of privacy. “Although you’re identified by numbers and not by your real name (for the tests), the girls take the test in batches so they usually get to know one another’s number. When they come back for the results, these are in one sheet posted on a bulletin board. So, you get to know the results of the others, or they get to know yours,” Fely said.

While, in principle, counselling is available for one who tests positive for STD, in practice, it often is not a palatable option: because of lack of space and budget, no cubicle is provided. The session becomes one for all and sundry to see.

### AIDS Councils

Beyond the problems, like a gust of fresh wind, the conference ushered in the inspiration for stronger partnerships among the stakeholders. The face-to-face encounters reminded government and the private sector alike that while their perspectives on development may vary, at the local level, the concerns are synonymous. Collaboration and sharing of resources and information are crucial to finding the solutions, especially in a landscape as diverse — physically, ethnically and culturally — as Mindanao.

Taking cognizance of the hard realities, including the region’s distance from the central government in Manila, the participants committed to support the Philippine AIDS Prevention and Control Act by intensifying education on



Mike Malinay, ALAGAD's education programme staff

the prevention of HIV-AIDS and STD at the local level, with whatever resources are at hand. The mechanism for this is the multi-sectoral AIDS councils formed after the conference that are now lobbying for municipal and barangay-level ordinances to complement the law and institutionalise the campaigns ongoing at the grassroots level on health in general, and sexuality, in particular. For the youth, for example, sexuality education will help prevent not only HIV-AIDS and STDs but also early pregnancies, Alma noted. Such multi-sectoral education initiatives, moreover, will fill in the gaps left by government's lacklustre performance in reproductive health and contraception.

In addition to legislative advocacy, the conference yielded action plans for trainers' training, project management and counselling training that the conference participants are now working on. The conference also became a review of existing programmes and services available from the different NGOs, government agencies, church-based organisations, and the medical and academic communities.

At the individual level, some participants enlisted as members of a special-care committee that helps people living with HIV-AIDS in whatever capacity possible, and not necessarily monetarily, says Mike. "We visit them regularly, because sometimes, all they really need is someone to be there beside them."

Although low in incidence and slow in progression, HIV-AIDS has the potential to explode into an epidemic in the Philippines, given the existence of high-risk factors. A large sex industry exists throughout the country. The latest population management survey reveals the prevalence of casual sex among the youth. The regular and correct use of condoms is low. Many of the country's seven million migrant workers are vulnerable. The availability of basic health services and information has suffered as the country tries to recover from a budget deficit. Especially in Mindanao where access to information, prevention programmes, treatment facilities and the most rudimentary diagnostic tests and supplies is patchy, a conference that brought together the different stakeholders — government, business, church, academe, media, the medical community and civil society — was a big first step. The conference was a loud wake-up call on the risk of an HIV-AIDS epidemic. But it also paved the way for a stronger network between government and the private sector in Mindanao that will face up to the different challenges in HIV-AIDS prevention — from education, to access to testing facilities and treatment services, to the counselling and care of people living with HIV-AIDS.

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